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Survey of Physicians About the Medicare Program

A study conducted by the Project HOPE Center for Health Affairs for the the Medicare Payment Advisory Commission

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Results of the Medicare Payment Advisory Commission's 1999 Survey of Physicians About the Medicare Program

Final Report

September 1999

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TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS v

EXECUTIVE SUMMARY vi

1.0 STUDY OVERVIEW 1

Purpose of the Survey 1
Methods 1

2.0 PHYSICIAN SATISFACTION 4

3.0 ATTITUDES ABOUT MEDICAL PRACTICE 8

Seriousness of Problems with Practice 9
Level of Concern about Factors Related to Practice 24

4.0 CHANGES IN PHYSICIANS' PRACTICES 32

5.0 ACCESS TO CARE 36

Difficulty of Referring Patients to Other Physicians 36
Acceptance of New Patients 39
Changes in Appointment Priority 49

6.0 IMPACT OF MEDICARE FFS PAYMENT CHANGES ON REVENUE 51

7.0 MEDICARE PRIVATE CONTRACTING 54

APPENDIX A. Copies of the Mail Survey Instruments

LIST OF TABLES

Page

Table 1. Physician Satisfaction with the Practice of Medicine, by Type of Physician, 1999 5

Table 2. Change in Physician Satisfaction Since 1994, by Type of Physician 6

Table 3. Physician Assessment of Seriousness of Problems with Practice, 1999 10

Table 4. Change from 1994 to 1999 in Physician Assessment of Seriousness of Problems with Practice 11

Table 5. Physician Assessment of Seriousness of Problems with Practice, by Type of Physician, 1999 13

Table 6. Change Since 1994 in the Percent of Physicians Saying the Factor was a Very Serious Problem, by Type of Physician 14

Table 7. Physician Assessment of Seriousness of Problems with Practice, by Type of Patient, 1999 15

Table 8. Change Since 1994 in Physician Assessment of Seriousness of Problems with Practice, by Type of Patient 16

Table 9. Seriousness of Paperwork and Administrative Hassles Related to Billing, by Type of Patient and by Type of Physician, 1999 18

Table 10. Change Since 1994 in Seriousness of Paperwork and Administrative Hassles Related to Billing, by Type of Patient and by Type of Physician 19

Table 11. Seriousness of Problems Related to External Review and Limitations on Clinical Decisions, by Type of Patient and by Type of Physician, 1999 20

Table 12. Change Since 1994 in Seriousness of Problems Related to External Review of Clinical Decisions, by Type of Patient and by Type of Physician 21

Table 13. Seriousness of Problems with Reimbursement Levels, by Type of Patient and by Type of Physician, 1999 22

Table 14. Change Since 1994 in Seriousness of Problems Related to Reimbursement Levels, by Type of Patient and by Type of Physician 23

LIST OF TABLES (Continued)

Page

Table 15. Physicians' Level of Concern About Factors Related to Their Practice, 1999 25

Table 16. Physicians' Level of Concern About Factors Related to Their Practice, by Type of Physician, 1999 26

Table 17. Physicians' Level of Concern About Factors Related to Their Practice, by Type of Patient, 1999 27

Table 18. Level of Concern About Time Spent on Billing-Related Paperwork, by Type of Patient and by Type of Physician, 1999 28

Table 19. Level of Concern About External Review/Oversight of Clinical Decisions, by Type of Patient and by Type of Physician, 1999 29

Table 20. Level of Concern About Reimbursement Levels, by Type of Patient and by Type of Physician, 1999 30

Table 21. Practice Changes Made in the Past Year to Reduce Practice Costs or Increase Revenue, by Type of Physician 33

Table 22. Other Changes in Practice Style in the Past Year, by Type of Patient 34

Table 23. Physician's Assessment of Difficulty Referring Patients, by Type of Patient, 1999 37

Table 24. Physician's Assessment of Referral Difficulty, by Type of Patient and by Type of Physician, 1999 38

Table 25. Acceptance of New Patients (of Any Type), by Type of Physician, 1994 to 1999 41

Table 26. Degree of Acceptance of New Patients, by Type of Patient, 1997 and 1999 42

Table 27. Acceptance of New Patients, by Type of Patient, 1994 to 1999 43

Table 28. Acceptance of New Patients, by Type of Patient and by Type of Physician, 1994 and 1999 44

Table 29. Change Since 1994 in Acceptance of New Patients, by Type of Patient and by Type of Physician 46

LIST OF TABLES (Continued)

Page

Table 30. Acceptance of New Patients, by Type of Patient and by Type of Physician, 1997 and 1999 47

Table 31. Change Since 1997 in Acceptance of New Patients, by Type of Patient and by Type of Physician 48

Table 32. Change Since 1997 in Priority Given to Medicare Patients When Seeking an Appointment, by Type of Physician 50

Table 33. Awareness of Medicare Payment Changes and Assessment of Impact of Changes on Revenue, by Type of Physician, 1999 52

Table 34. Physician Familiarity with the Current Medicare Private Contracting Option, by Type of Physician, 1999 56

Table 35. Likelihood of Entering into Medicare Private Contracts if Offered on a Case-by-Case Basis, by Type of Physician, 1999 57

Table 36. Physician Assessment of Impact of an Expanded Medicare Private Contracting Option, by Type of Physician, 1999 58

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At Project HOPE, several staff members other than the authors of this report were also active on this study, and merit recognition here. Dr. Marc Berk and Dr. Jacob Feldman provided very helpful advice on questionnaire development, sampling, and field procedures, while Ms. Cindy Good played a significant role in drafting survey questions and developing the final questionnaires.

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Our MedPAC Project Officer, Dr. Kevin Hayes was extremely supportive throughout the study, actively participating in all facets of the survey design and providing thoughtful comments on the survey findings. It was a pleasure to have him as our Project Officer. Jennifer Jenson also assisted on the study by reviewing project materials and participating in the survey design.

Finally, we appreciate the support and participation of the MedPAC Commissioners, whose interest in collecting new data on the medical profession served as a catalyst for this survey and who provided very helpful feedback on our presentation of interim results at the March 1999 meeting.

EXECUTIVE SUMMARY

Overview of the Survey

In the Fall of 1998, the Project HOPE Center for Health Affairs and its subcontractor, The Gallup Organization, Inc., were awarded a contract from the Medicare Payment Advisory Commission (MedPAC) to design and conduct a national survey of physicians. The principal purpose of this survey was to collect data that the Commission could use to monitor the impact, if any, of the 1998 changes in Medicare fee-for-service (FFS) payments. These possible impacts included changes in the physician's practice style and revenue, as well as changes in Medicare beneficiaries' access to physician services. Some of the data items collected through the present survey were directly comparable to data collected in 1994 by one of MedPAC's predecessor commissions, the Prospective Payment Review Commission (PPRC), permitting an analysis of trends for some key variables. In a similar way, the data collected through the present survey can serve as baseline data for comparisons with data collected through other surveys of physicians that may be conducted by the Commission in the future.

The sample for this survey was drawn from a physician listing derived from the American Medical Association's Physician MasterFile. Physicians were eligible for the survey if they practiced in the U.S., were providing at least 20 hours of direct patient care per week, spent at least 10 percent of their patient care time with fee-for-service Medicare patients, were not still in training, were not a Federal physician, and were not in one of the specialties excluded from the sample. Excluded specialties and related sub-specialties include anesthesiology, radiology, pathology, nephrology, and pediatrics, as well as other smaller specialties unlikely to meet the other screening criteria (e.g., undersea medicine, nuclear medicine, medical genetics).

Eligible physicians were distributed across six sampling strata defined by metropolitan/non-metropolitan location interacted with three specialty groupings (surgeons, non-surgical proceduralists, and non-proceduralists). The proceduralist category included medical specialties that are procedurally oriented, namely: cardiology, dermatology, gastroenterology, and radiation oncology. The final core sample was drawn at random in proportion to the representation of eligible physicians across these six strata.

In addition to this core sample, the sample also included three sub-samples drawn from specialties that had experienced a large reduction in payment rates for some of their large-volume procedures as a result of Medicare payment changes that became effective in 1998. These over-sampled specialties were ophthalmology, orthopedic surgery, and cardio-thoracic surgery.

The data were collected by Gallup using a mixture of self-administered mail surveys and computer-assisted telephone interviewing (CATI). All physicians in the sample were sent a copy of the mail instrument at the very end of December 1998, along

with a cover letter introducing the survey and an incentive check of $20. A large number of physicians returned the completed mail survey over the next few weeks. CATI work began in late January to reach sampled physicians who had not returned a mail survey by that time.

Survey field work was completed in early March 1999. Usable responses were obtained from 1,298 physicians, yielding a final response rate for this survey of 63.3 percent. Sampling weights, computed as the inverse of the probability of selection, were derived and appended to each survey record so that final estimates could be weighted to account for the over-sampling of selected surgical specialties.

Summary of Key Findings

Physician Satisfaction

Nearly two-thirds of all physicians reported being at least 'somewhat satisfied' with medical practice, and one-fifth said that they were 'very satisfied' (Table 1). There was little variation in the satisfaction ratings for the three over-sampled specialties, by urban/rural location of the physician's practice, or by the percent of time the physician reported spending with FFS Medicare patients. Proceduralists were somewhat more likely than other physicians to report that they were at least somewhat satisfied, and satisfaction was also significantly higher when physician income was higher.

Although the majority of physicians still report being satisfied with the practice of medicine, physician satisfaction has declined significantly since 1994 (Table 2). For all respondents combined, the percent of respondents saying they were 'very satisfied' fell from 30 percent in 1994 to 19.7 percent in 1999. Similar declines were observed for surgeons and non-proceduralists, as well as for physicians located in urban areas.

Attitudes About Medical Practice

As was the case with the 1994 PPRC survey, physicians were asked to rate the overall seriousness of five potential problems with medical practice. Just under one-half of respondents indicated that billing paperwork (49.9 percent), reimbursement levels (47.2 percent), and the high cost of practice (47.2 percent) were 'very serious' problems in their practice in 1999 (Table 3). These three factors had also been rated as the three most serious problems with medical practice in 1994. External review and limitations on clinical decisions and malpractice issues seem to be viewed as somewhat less serious problems relative to these other three factors. Surgeons were more likely than non-surgeons to indicate that reimbursement levels, malpractice issues, and high practice costs were very serious problems (Table 5).

Between 1994 and 1999, the proportion of respondents saying that reimbursement levels are a very serious problem grew from 39 to 47.2 percent (Table 4). This increase was the most dramatic for surgeons (a 14.7 percentage point increase) and for physicians in urban areas (up by 9.4 percentage points) (Table 6).

When the seriousness of these problems was assessed for patients with different types of payors, the problems were viewed as most serious when the patient was part of an HMO or other capitated plan; FFS Medicare typically fared well in these comparisons with other payors (Table 7). For example, 54.1 percent of respondents felt that billing paperwork was a very serious problem for patients insured by HMOs and other capitated plans, whereas only 29.2 percent of respondents gave this answer when FFS Medicare was the payor (the same proportion as for privately-insured FFS patients). Similarly, only 15.5 percent of respondents said that external review of clinical decisions was a very serious problem for FFS Medicare patients, significantly lower than the 21.0 percent reported for privately-insured patients, and the 53.6 percent reported for HMO/capitated patients.

The findings are slightly less favorable for FFS Medicare with regard to reimbursement levels, with 45.0 percent of respondents reporting a very serious problem with reimbursement when the insurer is FFS Medicare. This percent was significantly higher than the percent reported when the insurer was a PPO or other private FFS payor (25.3 percent), but significantly lower than the percents for FFS Medicaid (58.6 percent) and for HMOs and capitated systems (66.0 percent). Thus, FFS Medicare reimbursement appears to be viewed as a second best to private FFS insurance payment rates, but considerably better than either FFS Medicaid or HMO/capitated reimbursement.

Comparisons with 1994 PPRC data indicate that most of the seriousness ratings did not change significantly between 1994 and 1999 when FFS Medicare was the payor, but that problems tended to become more serious over this period for other types of payors (Table 8). By far the largest increases in the proportion of physicians rating a given problem as 'very serious' were observed when an HMO or other capitated system was the payor, with these increases ranging from 21.6 percentage points for external review of clinical decisions to 33.0 percentage points for reimbursement levels.

There was virtually no significant variation by type of physician in the proportion of physicians who feel that billing paperwork (Table 9) or external review of clinical decisions (Table 11) is a very serious problem when FFS Medicare is the payor. In contrast, the rating of FFS Medicare reimbursement levels as a very serious problem did vary by type of physician (Table 13). In particular, surgeons were more likely than non-surgeons to indicate that FFS Medicare reimbursement is a very serious problem; these physicians were also more likely to report very serious problems with private FFS and FFS Medicaid reimbursement levels. Among the over-sampled surgical specialties, orthopedic surgeons were significantly more likely than other physicians to rate FFS Medicare reimbursement as a very serious problem. FFS Medicare reimbursement also appears to be a much more serious problem for rural physicians than for their urban counterparts.

Changes in Physicians' Practices

Many physicians reported that their practice has made changes in the past year in an attempt to reduce practice costs and/or increase revenue (Table 21). More than one-half of the respondents said their practice had taken steps to reduce staff costs. These steps included actions such as reducing the number of office staff or the hours they work, curtailing salary increases, or reducing fringe benefits. Nearly two-thirds of the respondents said that their practice had delayed or reduced capital expenditures in the past year in order to trim practice costs, and a slightly higher proportion reported increasing the number of patients seen by the practice in an attempt to boost revenue. Two-fifths of respondents said their practice had recently expanded the range of services offered (e.g., adding pharmaceutical and/or eye glasses dispensing, in-office testing, etc.) as a way of increasing practice revenue.

In interpreting these findings it is important to keep in mind that the survey did not attempt to determine exactly why the practice had made these changes, nor to identify the impact of these changes, if any, on the care provided to the patients of the practice. A much more detailed study would be required, for instance, to determine the specific actions taken in changing the practice (e.g., did the practice reduce the number of staff, or simply cut fringe benefits? completely cancel or simply postpone capital expenditures?); the extent to which changes in Medicare payment policy were responsible for these practice changes; and the impact of the practice changes on the access of Medicare beneficiaries and other patients to physician services.

Access to Care

Three sets of survey questions provide information on different aspects of Medicare beneficiaries' access to physician services. These questions dealt with: (1) difficulty referring patients to other physicians, (2) acceptance of new patients, and (3) changes in appointment priority.

Referral of Patients. Physicians do not appear to be experiencing much difficulty when seeking referrals for their FFS Medicare patients. Only 4 percent of respondents said that it was 'very difficult' to find suitable referrals for their FFS Medicare patients, and this figure was statistically comparable to the 3.7 percent of physicians reporting referral difficulties for their privately-insured FFS patients (Table 23). In contrast, one-fifth of the physicians said it was very difficult to refer their HMO patients, and more than one-quarter said they had a very difficult time referring their FFS Medicaid patients.

Acceptance of New Patients. For all types of patients considered together, physician acceptance of new patients has held steady from 1994 to 1999 (Table 25). Importantly, acceptance of new FFS Medicare patients has remained on a par with acceptance of new privately-insured FFS patients over this time, and is significantly above acceptance of new patients with other types of insurance or of those without health insurance coverage (Tables 26 and 27).

The Commission was particularly interested in assessing whether declines in FFS Medicare payments that have occurred for some specialties since 1997 have led to a deterioration in physicians' willingness to accept new FFS Medicare patients. Thus, the survey included questions asking about acceptance of new patients in 1997 as well as in 1999.

Results indicate that there is no evidence to support the hypothesis that recent Medicare payment changes have affected physicians' willingness to accept new FFS Medicare patients (Tables 30 and 31). First, the small declines in acceptance rates registered between 1997 and 1999 were observed for all types of payors, not just Medicare. Second, the 1.1 percentage point decline in acceptance rates observed for FFS Medicare patients was not significantly different from zero. And, finally, the direction and magnitude of changes in acceptance rates for specific types of physicians were inconsistent with the impact that the FFS Medicare payment changes had on these physicians. FFS Medicare acceptance rates among surgeons—who typically experienced relatively large declines in Medicare revenue as a result of the payment changes—fell by an insignificant 0.1 percentage points, and are still higher than FFS Medicare acceptance rates among non-surgeons. Conversely, acceptance rates for non-proceduralists (or medical specialists)—who typically enjoyed higher payments as a result of the Medicare payment changes—fell by 2.5 percentage points, and are significantly below acceptance rates for other types of physicians in 1999. For two of the three over-sampled surgical specialties—which were selected precisely because of the large FFS Medicare payment decreases they experienced—there was no change at all in the acceptance of FFS Medicare patients. Acceptance rates did fall by 3.4 percentage points among orthopedic surgeons (from 98.3 to 94.9 percent), but even this change was not significantly different from zero despite having a sample size of approximately 200 orthopedic surgeons.

Changes in Appointment Priority. The fact that physicians are continuing to accept new FFS Medicare patients at very high rates may be a misleading indicator of these patients' access to physician care if they are encountering increased difficulty in obtaining an appointment within a reasonable period of time. Results from this physician survey indicate that access of FFS Medicare beneficiaries appears to be good when considered from this perspective. Only one in ten physicians reported that they had made any change at all since 1997 in the priority accorded to Medicare beneficiaries seeking an appointment with them (Table 32). Of those few physicians who indicated a change in appointment priority for Medicare patients, only slightly more than half of the physicians (56 percent) said Medicare patients are now given a lower appointment priority, while the remaining 44 percent said the appointment priority was now higher. Importantly, the physician's awareness of FFS Medicare payment changes since 1997 does not appear to be related to whether the priority given to Medicare patients has changed since that time.

Impact of Medicare FFS Payment Changes on Revenue

Physicians appear to be very aware of the recent changes to Medicare FFS payments and to estimate the direction and magnitude of the revenue impact in a way that

is consistent with the expected impact of the payment changes (Table 33). Two thirds of all respondents indicated that they were aware of the Medicare FFS payment changes that have occurred since 1997. Surgeons (including all three over-sampled specialties) and proceduralists were significantly more likely than other physicians to be aware of these payment changes, as were physicians with higher incomes and physicians who devoted more of their time to FFS Medicare patients.

More than three-quarters of the physicians who said they were aware of the payment changes said that the net impact had been to reduce their patient revenue, often by very significant amounts. Many fewer physicians said that their revenue had increased as a result of the payment changes, and these reported increases were much smaller in magnitude than the reported declines. Consistent with the actual changes in Medicare FFS payment policy in 1998, surgeons reported the most dramatic declines in revenue as a result of the payment changes, while non-proceduralists were more likely to say that there had been no impact or a modest increase in revenues. Among the over-sampled specialties, cardio-thoracic surgeons reported the largest revenue losses.

Medicare Private Contracting

The final set of survey questions dealt with the current Medicare private contracting option, and potential implications of a relaxed option that would permit physicians to enter into private contracts with their Medicare patients on a case-by-case basis. These questions were included on the survey as a way of providing Commissioners with early exploratory information regarding these issues.

In general, physician awareness of the current private contracting option was quite low (Table 34). Two-fifths of all respondents said they were 'not at all familiar' with the option, and another one-quarter said they were 'not very familiar' with the option. Only 13 percent said they were 'very familiar' with the option. There was some evidence that familiarity with private contracting was higher for physicians who spend more of their patient care time with FFS Medicare patients and for surgeons, including all three of the over-sampled surgical specialties.

Despite this lack of familiarity in the current private contracting option, however, interest in a case-by-case contracting option appears to be relatively high. More than one-half of all physicians said they would be at least 'somewhat likely' to seek private contracts under relaxed regulations (Table 35), with surgeons more likely than non-surgeons to be interested in case-by-case private contracting. Four-fifths of all physicians who said they would be likely to seek private contracts under relaxed rules felt that having the ability to contract privately on a case-by-case basis would increase their willingness to serve Medicare patients (Table 36). A comparable proportion of physicians said that they would seek private contracts with their existing Medicare patients, indicating the large potential for selective private contracting to affect existing patient/provider relationships.

SECTION 1

STUDY OVERVIEW

Purpose of the Survey

In the summer of 1998, the Medicare Payment Advisory Commission (MedPAC) solicited proposals to design and conduct a national survey of physicians. The survey had several purposes. First, the survey was to collect data that MedPAC could use to monitor the impact, if any, of the 1998 changes to Medicare fee-for-service (FFS) payments. The aggregate impact of these payment changes was to increase payment rates for primary care and non-surgical services and to decrease payment rates for surgical services. Second, data collected from the survey were to be used for comparisons with similar data collected in late 1993 and early 1994 by the National Opinion Research Center (NORC) for the Physician Payment Review Commission (PPRC). And, third, the survey was to establish baseline data that the Commission could compare with data collected via subsequent surveys to assess the impact of future Medicare payment changes. A contract was awarded to the Project HOPE Center for Health Affairs and its subcontractor, The Gallup Organization, Inc., in the fall of 1998.

Methods

Design of Instrument. The HOPE/Gallup team used the 1994 PPRC/NORC survey instrument as the starting point for the 1999 MedPAC survey. We deleted questions on topics that were no longer of policy importance, and developed new questions to address current policy issues. Additionally, for a few PPRC/NORC questions pertaining to 'problems' with the practice of medicine, we developed an alternative series that asked about 'concerns' with the practice of medicine. This change was made because we felt that previous question phrasing may have been negatively biased. So that comparisons with the PPRC/NORC data could still be made for these questions, we used a split sample design in which approximately half of the sample was given the old version of these questions (and could be used for trend analysis) while the remainder of the sample received the new version of these questions (establishing baseline data for future comparisons).

We then conducted in-person interviews with a small number of physicians to test the instrument and to explore the cognitive process used by these physicians to respond to the survey questions. The instrument was revised to correct problems identified through this cognitive testing, and then was pilot tested by telephone with approximately 25 physicians.

Further revisions were made following these pilot tests, and the instrument was finalized (copies of Versions A and B of the mail survey, containing the new and old version of the 'problems with medical practice' questions, are shown in Appendix A). The final survey instrument contained questions on the following topics:

- attitudes and concerns about medical practice,
- practice changes made in the past year,
- acceptance of new patients,
- priority given to Medicare FFS patients seeking appointments,
- impact of the Medicare FFS payment changes on revenue, and
- Medicare private contracting.

Sampling. The sample for this survey was drawn from a physician listing derived from the American Medical Association MasterFile. Physicians were eligible for the survey if they practiced in the U.S., were providing at least 20 hours of direct patient care per week, spent at least 10 percent of their patient care time with fee-for-service Medicare patients, were not still in training, were not a Federal physician, and were not in one of the specialties excluded from the sample. Excluded specialties and related sub-specialties include anesthesiology, radiology, pathology, nephrology, and pediatrics, as well as other smaller specialties unlikely to meet the other screening criteria (e.g., undersea medicine, nuclear medicine, medical genetics).[1]

Eligible physicians were distributed across six sampling strata defined by metropolitan/non-metropolitan location interacted with three specialty groupings (surgeons, non-surgical proceduralists, and non-proceduralists). The proceduralist category included medical specialties that are procedurally oriented: cardiology, dermatology, gastroenterology, and radiation oncology. The final core sample was drawn at random in proportion to the representation of eligible physicians across these six strata.

In addition to this core sample, the sample also included three sub-samples drawn from specialties that had experienced a large reduction in payment rates for some of their large-volume procedures as a result of Medicare payment changes that became effective in 1998. These over-sampled specialties were ophthalmology, orthopedic surgery, and cardio-thoracic surgery.

Field Methods. The data were collected by Gallup using a mixture of self-administered mail surveys and computer-assisted telephone interviewing (CATI). All physicians in the sample were sent a copy of the mail instrument at the very end of December 1998, along with a cover letter introducing the survey and an incentive check of $20. MedPAC was not identified as a sponsor of the survey, nor did the introductory materials indicate that a principal focus of the survey was to learn about Medicare FFS experiences. Half of the sample was sent Version A of the mail survey and half of the sample was sent Version B, with the assignment to these two groups determined randomly.

A large number of physicians returned the completed mail survey over the next few weeks. Computer-assisted telephone interviewing began in late January to reach

[1] While MasterFile data enabled us to establish a master sampling list of physicians who appeared to be eligible, screening questions on the survey were used to verify the MasterFile data and determine final eligibility status among the sampled physicians (including determining the percent of patient care time spent with FFS Medicare patients).

sampled physicians who had not returned a mail survey by that time. Physicians completing the survey by telephone were also assigned to one of two groups at random, and the CATI system automatically called up the new or old version of the questionnaire as appropriate.

As the field period continued, fewer and fewer additional mail surveys were returned and the majority of additional completed cases were added via the telephone interviews. Survey field work was completed in early March 1999. Usable responses were obtained from 1,298 physicians, yielding a final response rate for this survey of 63.3 percent. Sampling weights, computed as the inverse of the probability of selection, were derived and appended to each survey record so that final estimates could be weighted to account for the over-sampling of selected surgical specialties.

SECTION 2

PHYSICIAN SATISFACTION

- Physician satisfaction with medical practice has declined since 1994.
- The decline in satisfaction was across the board, regardless of specialty group.
- The 1999 satisfaction ratings did not vary significantly for the over-sampled specialties, by urban/rural location, or by the percent of time spent with FFS Medicare patients.
- Physician satisfaction is generally higher when physician income is higher.

The first question on the survey after eligibility was established asked about the physician's overall satisfaction with the practice of medicine. This question was identical to the one used on the 1994 PPRC/NORC survey, in terms of both wording and placement on the instrument.

The results for 1999 are shown in **Table 1**. Overall, nearly two-thirds of physicians (64.5 percent) reported being at least 'somewhat satisfied' with the practice of medicine, and one-fifth (19.7 percent) said that they were 'very satisfied.' These 1999 satisfaction ratings did not vary significantly for the three over-sampled specialties, nor by urban/rural location or the percent of patient care time spent with Medicare FFS patients. There was, however, variation in the overall distributions by specialty group, and further t-tests (not shown in Table 1) showed that proceduralists were significantly more likely than other physicians to be satisfied. Finally, there is evidence that satisfaction is higher when physician income is greater, with respondents in the lowest income category being significantly more likely to say they were 'very dissatisfied,' and those in the highest income category being significantly more likely to say they were 'very satisfied.'

Table 2 presents the percentage point change in the satisfaction ratings between 1994 and 1999 (the PPRC/NORC survey did not over-sample any specialties).[2] In general, we see significant declines in the percent of physicians who said they were 'very satisfied,' accompanied by corresponding increases in the percent of physicians reporting lower levels of satisfaction. Across all respondents, the percent of physicians who were very satisfied fell by more than 10 percentage points over the period—from 30 percent in

[2] All 1994 numbers cited in this report are taken from published tables contained in the final project report prepared by NORC for the PPRC: Carol-Ann Emmons, "Survey of Physicians About the Medicare Program and Fee Schedule." May 11, 1994.

Table 1. Physician Satisfaction with the Practice of Medicine, by Type of Physician, 1999

Type of Physician	N	Percent of Respondents Who Said They Were: Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Proceduralists	79	18.9	51.6	17.5	12.0
Surgeons	764	21.8	40.2	27.5	10.1
Non-Proceduralists	441	18.8	45.3	25.7	10.1
			(Chi-squared =15.64 , p =0.048)		
Ophthalmologists	234	15.4	41.9	27.4	15.0
Orthopedic Surgeons	212	19.8	37.6	32.9	9.7
Cardio-Thoracic Surgeons	137	16.5	27.7	45.7	10.0
			(Chi-squared = 8.29 , p =0.762)		
Urban	1121	19.1	44.9	24.9	10.9
Rural	148	20.6	45.5	25.7	8.2
			(Chi-squared = 1.51 , p =0.825)		
Income					
$100,000 or Less	191	16.3	43.8	22.1	17.9
$100,001 - $125,000	144	15.7	44.9	25.9	12.6
$125,001 - $200,000	373	19.3	47.4	27.2	6.2
More than $200,000	496	22.4	43.6	24.5	9.5
			(Chi-squared =34.56 , p =0.001)		
Medicare Patient Time					
10-20 Percent	393	20.0	43.7	26.2	9.8
21-30 Percent	285	21.1	48.8	19.8	10.3
31-40 Percent	177	21.4	44.7	22.9	11.0
41-50 Percent	146	17.8	43.9	30.6	7.7
More than 50 Percent	184	14.8	42.1	28.5	14.7
			(Chi-squared =15.11 , p =0.770)		
ALL PHYSICIANS	1284	19.7	44.8	25.0	10.4

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 5.

Table 2. Change in Physician Satisfaction Since 1994, by Type of Physician

Type of Physician	Percentage Point Change in Percent of Respondents Who Said They Were: Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Unsure
Proceduralists	-10.1	12.6	-9.5	6.0	0.0
Surgeons	-9.2 *	0.2	6.5 *	2.1	0.5
Non-Proceduralists	-11.2 *	5.3	3.7	2.1	0.0
Urban	-11.9 *	6.9 *	1.9	2.9 *	0.2
Rural	-5.4	-2.5	5.7	3.2	-1.0
Income					
$100,000 or Less	-13.8 *	5.8	-3.0	10.9 *	0.0
$100,001 - $125,000	-5.4	-5.1	3.9	5.6	0.9
$125,001 - $200,000	-14.7 *	7.4	11.2 *	-3.9	0.0
More than $200,000	-6.6	6.6	-5.5	5.5 *	0.1
Medicare Patient Time					
10-20 Percent	-13.0 *	6.7	4.2	1.8	0.4
21-30 Percent	-11.0 *	3.8	1.8	4.3	0.0
31-40 Percent	-7.7	2.7	0.9	4.0	0.1
41-50 Percent	-12.2 *	7.9	2.6	1.7	-1.0
More than 50 Percent	-6.2	1.1	2.5	3.7	-1.0
ALL PHYSICIANS	-10.3 *	4.8 *	3.0	2.4 *	0.1

Comparison of numbers from Table 1 with numbers from Table 1-1 from 1994 NORC report.
Changes in a given row may not sum to 0 due to rounding.
* The change since 1994 is significantly different from 0 at the 0.05 significance level or better.

1994 to 19.7 percent in 1999—and this change was statistically significant.[3] Similar changes were observed for all types of physicians (e.g., proceduralists, surgeons, and non-proceduralists), as well as for physicians located in urban areas.

[3] Whenever possible when comparing the 1994 PPCR/NORC numbers to the 1999 MedPAC numbers, we tested the null hypothesis H_0: $p_{94} = p_{99}$, where p_{94} and p_{99} are the sample proportions for the variable of interest in 1994 and 1999, respectively (e.g., 30 percent and 19.7 percent in this case). The t statistic was used to test whether the difference between p_{94} and p_{99} is significantly different than zero, using the following formula:

$$t = \frac{p_{99} - p_{94}}{S\sqrt{\frac{1}{n_{94}} + \frac{1}{n_{99}}}}$$

where S is the square root of the pooled variance S^2, and n_{94} and n_{99} are the relevant sample sizes from 1994 and 1999, respectively. The pooled variance is computed as:

$$S^2 = \frac{n_{94}S_{94}^2 + n_{99}S_{99}^2}{n_{94} + n_{99} - 2}.$$

S^2_i represents the variance of the sample proportion and is computed as $S^2_i = p_i(1 - p_i)$, where i=94 and 99.

SECTION 3

ATTITUDES ABOUT MEDICAL PRACTICE

- For four of the five problems considered, the percent of physicians rating the factor as a 'very serious' problem increased between 1994 and 1999. The percent declined only for 'malpractice issues and insurance.'

- The three most serious problems in 1994 remained the most serious in 1999: (1) paperwork and administrative hassles in billing; (2) high cost of practice; and (3) reimbursement levels.

- The increase in the 'very serious' rating was most dramatic for problems related to reimbursement levels. The percentage point increase in the proportion of physicians rating reimbursement to be a very serious problem was highest for surgeons.

- Surgeons were significantly more likely than non-surgeons to say that reimbursement is a very serious problem. These findings hold for reimbursement in general, and for most types of payor, including FFS Medicare.

- Relative to FFS Medicare patients, reimbursement is perceived as a significantly more serious problem for HMO and FFS Medicaid patients, and as a significantly less serious problem for privately-insured FFS patients. Clinical review and billing paperwork are also seen as much more serious problems for HMO patients than for FFS Medicare patients.

- Problems with reimbursement, clinical review, and billing paperwork have increased most dramatically between 1994 and 1999 for patients insured by HMOs, followed by smaller but still significant increases for privately-insured FFS patients. There was no significant change in any of the ratings for FFS Medicare patients.

We asked a series of questions about issues physicians may be experiencing in their practices. These issues were:

- paperwork and administrative hassles related to billing,
- external review and limitations on clinical decisions,
- reimbursement levels,
- malpractice issues and insurance, and
- the high cost of practice.

Following the approach adopted by PPRC and NORC in 1994, these issues were presented as 'problems,' and physicians were asked to assess the seriousness of each

problem for their practice as a whole. Three follow-up questions were then asked to determine the seriousness of: 1) billing problems, 2) clinical review, and 3) reimbursement levels for specific types of patients seen by the physician. Patient groups were defined by insurer category and included patients in PPOs or other private insurance FFS plans, FFS Medicare patients, FFS Medicaid patients, and patients in HMOs or other capitated plans. These follow-up questions were asked for a given patient group only if the physician reported spending at least 10 percent of his/her patient care time with that type of patient. A total of 615 respondents completed this series of questions (shown in Form B of the mail instrument, in Appendix A).

The remaining 683 respondents completed the modified version of this series, which asked for the physician's 'level of concern' about the factors rather than for his/her assessment of the seriousness of the problem. The new series also attempted to minimize what was seen as potentially negative phrasing used in the earlier version of the question. For example, physicians were asked about the time spent on billing paperwork (rather than billing 'hassles'), external review and oversight of (but not 'limitations on') clinical decisions, and the cost of practice (rather than the 'high' cost of practice). These questions are shown in Form A of the mail survey, presented in Appendix A.

By splitting the sample at random between these two versions of these questions, we were able to collect data from the first series for use in comparisons with 1994 information, and to establish baseline data for future comparisons if the new series is included in subsequent surveys. Most of the discussion below focuses on the results from the questions that are comparable to the 1994 series since this approach permits us to assess changes over time. At the end of this section, we also discuss briefly how the results changed as a consequence of using the new version of the questions.

Seriousness of Problems with Practice

Table 3 shows how physicians rated the seriousness of five potential problems related to their practice overall. Just under one-half of all respondents receiving this version of the question thought that billing paperwork (49.9 percent), reimbursement levels (47.2 percent), and high practice costs (47.2 percent) were 'very serious' problems in their practice. External review and limitations on clinical decisions, and malpractice issues seemed to be perceived as slightly less serious problems. Nonetheless, two out of every three respondents said that these two factors were at least 'somewhat serious' problems in their practice.

Comparing the 1999 results with the PPRC/NORC data from 1994 shows that the seriousness of four of the five problems considered has grown in the past five years (**Table 4**). With the exception of the malpractice factor, the percent of physicians rating each of the other factors as 'not a serious problem at all' or 'not a very serious problem' declined significantly, and there were corresponding increases in the percent of respondents saying that the factor was a 'somewhat' or a 'very' serious problem. Most notably, the percent of physicians saying that reimbursement levels were a very serious problem increased by 8.2 percentage points over the five-year period (from 39 percent in

Table 3. Physician Assessment of Seriousness of Problems with Practice, 1999

Factor	N	Percent of Respondents Who Said the Factor was: A Very Serious Problem	A Somewhat Serious Problem	Not a Very Serious Problem	Not a Serious Problem at All	Unsure
Paperwork and administrative hassle in billing	613	49.9	39.2	7.9	2.2	0.9
External reviews and limitations on clinical decisions	610	26.9	44.1	22.0	5.9	1.1
Reimbursement levels	611	47.2	42.1	7.9	0.8	1.9
Malpractice issues and insurance	610	30.4	36.0	28.7	4.6	0.3
High cost of practice	611	47.2	37.4	11.8	2.2	1.5

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 6 for physicians who received Form B of the questionnaire.

Table 4. Change from 1994 to 1999 in Physician Assessment of Seriousness of Problems with Practice

Factor	Percentage Point Change in Percent of Respondents Who Said the Factor was:				
	A Very Serious Problem	A Somewhat Serious Problem	Not a Very Serious Problem	Not a Serious Problem at All	Unsure
Paperwork and administrative hassle in billing	3.9	3.2	-5.1 *	-2.8 *	-0.1
External reviews and limitations on clinical decisions	4.9 *	4.1	-7.0 *	-3.1 *	0.1
Reimbursement levels	8.2 *	0.1	-6.1 *	-3.2 *	0.9
Malpractice issues and insurance	-4.6	3.0	4.7 *	-3.4 *	+
High cost of practice	2.2	1.4	-0.2	-3.8 *	0.5

+ 1994 number is not available.
Comparison of numbers from Table 3 with numbers from Table 1-2 from 1994 NORC report.
Changes in a given row may not sum to 0 due to rounding.
* The change since 1994 is significantly different from 0 at the 0.05 significance level or better.

1994 to 47.2 percent in 1999), while the percent who said external review of clinical decisions was a very serious problem increased by 4.9 percentage points (from 22 to 26.9 percent).

Table 5 concentrates on the 'very serious' column from Table 3, and looks for differences by type of physician in the percent of respondents saying that a given factor was a very serious problem. Significance tests were conducted to test whether the percent shown in a given cell was significantly different from the percent computed for all *other* physicians not represented by that cell. For example, surgeons were compared with all other respondents who are not surgeons (i.e., proceduralists and non-proceduralists, combined), ophthalmologists were compared with all other non-ophthalmologists (i.e., the two other over-sampled specialties, plus all non-ophthalmologists in the core sample), urban physicians were compared with rural physicians, etc. An asterisk (*) indicates that the difference was statistically significant at the 95 percent confidence level or better.

Results in Table 5 show that surgeons were more likely than non-surgeons to indicate that reimbursement levels, malpractice issues, and high practice costs were very serious problems. Among the over-sampled surgical specialties, both ophthalmologists and orthopedic surgeons were significantly more likely than other types of physicians to say that reimbursement levels were a very serious problem. Reimbursement levels also appear to pose a very serious problem for three-quarters of the cardio-thoracic surgeons, but this figure was not significantly different from the percent for all other physicians, undoubtedly because of the relatively small number of cardio-thoracic surgeons who received this version of the question.

Malpractice issues were judged to be a very serious problem by significantly more rural physicians than urban physicians. Finally, by income category, physicians in the lowest income group were significantly less likely than other physicians to feel that reimbursement levels and external review were very serious problems, but were significantly more likely to indicate that high practice costs and malpractice issues posed very serious problems for their practice.

Table 6 shows the percentage point change from 1994 to 1999 in the proportion of physicians rating a given problem as 'very serious.' In this table, the asterisk indicates that the change from 1994 to 1999 was significantly different from zero. We see that the increase in the percent of physicians reporting very serious problems with reimbursement levels was the most dramatic for surgeons and for urban physicians. There is also evidence that reimbursement levels have become a more serious problem for physicians who spend more of their patient care time with FFS Medicare patients, although this relationship is not consistent across all patient care time categories. The seriousness of problems with external review of clinical decisions has also increased significantly for surgeons over the five-year period. Finally, significantly fewer urban physicians reported very serious problems with malpractice issues in 1999 compared to 1994, while the proportion of rural physicians reporting very serious malpractice problems increased by 11 percentage points over this period (this latter change is not statistically significant).

Table 5. Physician Assessment of Seriousness of Problems with Practice, by Type of Physician, 1999

Type of Physician	Base N	Percent of Respondents Who Said the Factor was a 'Very Serious' Problem: Paperwork & Admin. Hassles	Ext. Review/Limits on Clinical Decisions	Reimbursement Levels	Malpractice Issues & Insurance	High Cost of Practice
Proceduralists	36	52.3	22.5	44.8	21.8 *	58.0 *
Surgeons	383	51.2	29.3	60.7 *	41.7 *	53.9 *
Non-Proceduralists	196	48.3	26.8	39.6 *	26.0 *	39.7 *
Ophthalmologists	114	53.5	27.2	67.5 *	23.7	52.6
Orthopedic Surgeons	109	62.9	37.1	68.2 *	40.0	59.4
Cardio-Thoracic Surgeons	71	49.3	23.9	76.1	39.4	47.9
Urban	542	49.2	26.6	48.4	28.6 *	47.3
Rural	65	47.7	28.2	41.2	44.0 *	47.1
Income						
$100,000 or Less	97	54.3	19.3 *	38.3 *	41.6 *	56.3 *
$100,001 - $125,000	64	50.9	36.9 *	39.5	24.0	41.2
$125,001 - $200,000	181	44.7	25.9	50.9	30.6	43.4
More than $200,000	241	50.2	29.7	52.1	27.4	46.5
Medicare Patient Time						
10-20 Percent	204	43.1 *	28.7	44.7	29.3	38.0 *
21-30 Percent	141	56.7 *	27.2	47.1	33.5	49.2
31-40 Percent	85	60.1	34.9	50.7	30.0	48.3
41-50 Percent	56	47.1	12.0 *	61.8 *	16.3 *	58.1
More than 50 Percent	85	50.4	26.4	40.2	33.6	56.0
ALL PHYSICIANS	615	49.9	26.9	47.2	30.4	47.2

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 6 for physicians who received Form B of the questionnaire.

Table 6. Change Since 1994 in the Percent of Physicians Saying the Factor was a Very Serious Problem, by Type of Physician

Type of Physician	Percentage Point Change in Percent of Respondents Who Said the Factor was a 'Very Serious' Problem:				
	Paperwork & Admin. Hassles	Ext. Review/Limits on Clinical Decisions	Reimbursement Levels	Malpractice Issues & Insurance	High Cost of Practice
Proceduralists	15.3	0.5	6.8	-14.2	18.0
Surgeons	5.2	7.3 *	14.7 *	0.7	3.9
Non-Proceduralists	1.3	4.8	4.6	-5.0	-3.3
Urban	4.2	3.6	9.4 *	-6.4 *	1.3
Rural	-1.3	11.2	4.2	11.0	6.1
Income					
$100,000 or Less	8.3	-2.7	0.3	8.6	11.3
$100,001 - $125,000	2.9	18.9 *	6.5	-9.0	-3.8
$125,001 - $200,000	2.7	5.9	9.9 *	-2.4	-1.6
More than $200,000	2.2	3.7	9.1	-14.6 *	2.5
Medicare Patient Time					
10-20 Percent	-2.9	6.7	8.7 *	-8.8 *	-7.1
21-30 Percent	15.7 *	6.2	4.1	1.5	4.2
31-40 Percent	12.1	11.9 *	14.7 *	-7.0	-0.7
41-50 Percent	5.1	-6.0	26.8 *	-11.8	23.1 *
More than 50 Percent	-3.6	2.4	-7.8	-1.4	6.0
ALL PHYSICIANS	3.9	4.9 *	8.2 *	-4.6	2.2

Comparison of numbers from Table 5 with numbers from Table 1-3 from the 1994 NORC report.

* The change since 1994 is significantly different from 0 at the 0.05 significance level or better.

Table 7. Physician Assessment of Seriousness of Problems with Practice, by Type of Patient, 1999

Factor and Type of Patient	N	Percent of Respondents Who Said the Factor was: A Very Serious Problem	A Somewhat Serious Problem	Not a Very Serious Problem	Not a Serious Problem at All	Unsure
Paperwork/admin. hassle in billing						
PPO and other private FFS pts.	534	29.5	45.0 *	21.5	1.9 *	2.2
FFS Medicare patients (R)	562	29.2	37.9	23.8	5.4	3.6
FFS Medicaid patients	238	26.6	49.8 *	16.0 *	4.8	2.8
HMO/other capitated-plan pts.	445	54.1 *	32.0	7.9 *	2.6 *	3.4
External review of clinical decisions						
PPO and other private FFS pts.	523	21.0 *	39.9	30.3	7.6 *	1.1
FFS Medicare patients (R)	556	15.5	35.1	35.8	11.7	1.8
FFS Medicaid patients	237	12.1	41.7	36.2	9.4	0.7
HMO/other capitated-plan pts.	448	53.6 *	34.8	7.4 *	2.5 *	1.8
Reimbursement levels						
PPO and other private FFS pts.	535	25.3 *	49.1 *	19.8 *	4.7	1.0
FFS Medicare patients (R)	567	45.0	38.2	12.2	2.6	2.0
FFS Medicaid patients	236	58.6 *	26.3 *	9.8	3.3	2.0
HMO/other capitated-plan pts.	449	66.0 *	26.9 *	4.7 *	1.5	0.9

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better. (R)=reference category for significance testing.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Questions 8, 9, and 10 for physicians who received Form B of the questionnaire.

Table 8. Change Since 1994 in Physician Assessment of Seriousness of Problems with Practice, by Type of Patient

Factor and Type of Patient	Percentage Point Change in Percent of Respondents Who Said the Factor was: A Very Serious Problem	A Somewhat Serious Problem	Not a Very Serious Problem	Not a Serious Problem at All	Unsure
Paperwork/admin. hassle in billing					
PPO and other private FFS pts.	6.5 *	6.0 *	-8.5 *	-6.1 *	2.2
FFS Medicare patients	-0.8	-0.1	0.8	-2.6	3.6
FFS Medicaid patients	-7.4 *	18.8 *	-10.0 *	-5.2 *	2.8
HMO/other capitated-plan pts.	23.1 *	-7.0 *	-14.1 *	-5.4 *	3.4
External review of clinical decisions					
PPO and other private FFS pts.	6.0 *	3.9	-5.7 *	-5.4 *	1.1
FFS Medicare patients	1.5	0.1	-1.2	-3.3	1.8
FFS Medicaid patients	-2.9	8.7 *	-0.8	-5.6 *	0.7
HMO/other capitated-plan pts.	21.6 *	-5.2	-14.6 *	-4.5 *	1.8
Reimbursement levels					
PPO and other private FFS pts.	9.3 *	11.1 *	-14.2 *	-7.3 *	1.0
FFS Medicare patients	-3.0	5.2 *	-0.8	-3.4 *	2.0
FFS Medicaid patients	-1.4	4.3	-0.2	-3.7 *	2.0
HMO/other capitated-plan pts.	33.0 *	-12.1 *	-15.3 *	-7.5 *	0.9

Comparison of numbers from Table 7 with numbers from Table 1-4 from 1994 NORC report.
Changes in a given row may not sum to 0 due to rounding.
* The change since 1994 is significantly different from 0 at the 0.05 significance level or better.

Physicians' assessment of the seriousness of practice problems may vary according to the type of insurance their patients have. In **Table 7** we show variation by patient insurance category in how physicians rated the seriousness of three specific problems. For each of the three problem areas—billing paperwork, external review of clinical decisions, and reimbursement levels—we tested to see whether the percent of physicians assigning a given seriousness rating to the problem differed by patient insurance category. In all tests, FFS Medicare patients were the reference category. Thus, we see from Table 7 that: 1) 54.1 percent of physicians felt that billing paperwork is a very serious problem when their patients are in an HMO or other capitated payment system, and 2) this percent was significantly higher than the 29.2 percent reported for FFS Medicare patients. Likewise the 29.5 and 26.6 percents reported for privately-insured and FFS Medicaid patients, respectively, did not differ significantly from the percent reported for FFS Medicare patients. Physicians were, however, significantly more likely to say that billing paperwork was a 'somewhat serious' problem for their privately-insured (45.0 percent) and FFS Medicaid patients (49.8 percent), than they were for their FFS Medicare patients (37.9 percent).

Only 15.5 percent of physicians said that external review of clinical decisions was a very serious problem when their patients were in FFS Medicare. This percent was significantly lower than the percent reported for privately-insured (21.0 percent) and HMO/capitated patients (53.6 percent).

With regard to reimbursement levels, 45.0 percent of physicians reported a very serious problem when the insurer was FFS Medicare. This percent was significantly lower than when the insurer was FFS Medicaid (58.6 percent reporting a very serious problem) or an HMO or other capitated system (66.0 percent), but was significantly higher than when the insurer was a PPO or other private FFS payor (25.3 percent). Thus, Medicare reimbursement appears to be viewed as second best to private FFS insurance payment rates, but considerably better than either FFS Medicaid or HMO/capitated reimbursement.

Table 8 shows how the ratings given in Table 7 have changed since 1994. An asterisk indicates that the percentage point change from 1994 to 1999 is significantly different from zero. We see very clearly that the movement away from 'not serious' ratings toward 'serious' ratings was rather pronounced for all payors other than FFS Medicare. Most of the ratings for FFS Medicare as a payor did not change significantly over the period. By far the largest increases in the proportion of physicians rating a given problem as 'very serious' are observed when an HMO or other capitated system is the payor, with these increases ranging from 21.6 percentage points for external review of clinical decisions to 33.0 percentage points for reimbursement levels. Significant, but smaller, increases were also observed for all three problem areas when a private FFS insurer is the payor.

Tables 9 through 14 present additional information on the seriousness of these three problems by type of patient (insurer) and by type of physician. **Table 9** deals with billing paperwork, **Table 11** with external review of clinical decisions, and **Table 13** with

Table 9. Seriousness of Paperwork and Administrative Hassles Related to Billing, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their: PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	25.7	27.5	31.3	63.4
Surgeons	34.6	28.0	38.3 *	58.6
Non-Proceduralists	27.5	30.5	20.4 *	48.8 *
Ophthalmologists	33.3	30.9	35.3	61.5
Orthopedic Surgeons	39.7	28.8	46.9	56.7
Cardio-Thoracic Surgeons	30.7	29.2	25.6	48.1
Urban	29.1	29.6	28.7	55.0
Rural	33.5	30.4	20.4	47.5
Income				
$100,000 or Less	26.0	39.9 *	37.3	43.1 *
$100,001 - $125,000	39.9 *	28.0	21.2	49.6
$125,001 - $200,000	29.8	28.7	29.4	55.7
More than $200,000	27.3	25.7	19.7	59.7
Medicare Patient Time				
10-20 Percent	29.2	31.0	28.5	49.9
21-30 Percent	23.2	26.1	18.9	50.9
31-40 Percent	31.6	32.1	30.6	58.3
41-50 Percent	30.6	24.7	40.0	76.2 *
More than 50 Percent	38.7	29.9	35.3	70.1
ALL PHYSICIANS	29.5	29.2	26.6	54.1

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 9 for physicians who received Form B of the questionnaire.

Table 10. Change Since 1994 in Seriousness of Paperwork and Administrative Hassles Related to Billing, by Type of Patient and by Type of Physician

Type of Physician	Percentage Point Change in Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their:			
	PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	5.7	-4.5	6.3	34.4
Surgeons	11.6	-2.0	1.3	25.6
Non-Proceduralists	4.5	1.5	-11.6	19.8
Urban	7.1	0.6	-2.3	23.0
Rural	8.5	0.4	-15.6	30.5
Income				
$100,000 or Less	5.0	9.9	1.3	15.1
$100,001 - $125,000	17.9	-3.0	-13.8	21.6
$125,001 - $200,000	7.8	0.7	0.4	29.7
More than $200,000	4.3	-6.3	-7.3	17.7
Medicare Patient Time				
10-20 Percent	6.2	3.0	-3.5	17.9
21-30 Percent	-0.9	-2.9	-11.1	20.9
31-40 Percent	9.6	1.1	-3.4	30.3
41-50 Percent	12.6	-0.3	3.0	46.2
More than 50 Percent	9.7	-9.1	3.3	42.1
ALL PHYSICIANS	6.5	-0.8	-7.4	23.1

Comparison of numbers from Table 9 with numbers from Tables 1-4 and 1-5 from 1994 NORC report.
No test for significance could be conducted because the sample sizes for 1994 were not available.

Table 11. Seriousness of Problems Related to External Review and Limitations on Clinical Decisions, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their: PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	22.6	12.6	10.4	64.7 *
Surgeons	20.7	15.7	15.6	48.5
Non-Proceduralists	20.7	16.3	10.8	52.9
Ophthalmologists	12.5	19.3	23.5	46.5
Orthopedic Surgeons	23.7	16.3	15.6	49.3
Cardio-Thoracic Surgeons	24.6	6.3	10.5	42.3
Urban	22.5	14.9	12.5	55.3 *
Rural	13.9	21.7	11.5	33.1 *
Income				
$100,000 or Less	16.0	15.3	13.4	50.0
$100,001 - $125,000	27.7	19.6	14.5	57.2
$125,001 - $200,000	19.1	15.8	13.5	50.6
More than $200,000	25.8	14.7	9.2	56.3
Medicare Patient Time				
10-20 Percent	22.0	13.3	11.0	55.0
21-30 Percent	16.1	16.8	12.4	42.3 *
31-40 Percent	26.7	18.5	17.6	59.7
41-50 Percent	25.2	14.6	21.0	73.6 *
More than 50 Percent	16.9	17.9	3.8	62.8
ALL PHYSICIANS	21.0	15.5	12.1	53.6

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 8 for physicians who received Form B of the questionnaire.

Table 12. Change Since 1994 in Seriousness of Problems Related to External Review of Clinical Decisions, by Type of Patient and by Type of Physician

Type of Physician	Percentage Point Change in Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their:			
	PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	7.6	-0.4	-4.6	35.7
Surgeons	6.7	2.7	0.6	13.5
Non-Proceduralists	4.7	2.3	-4.2	23.9
Urban	6.5	0.9	-3.5	22.3
Rural	-0.1	8.7	0.5	16.1
Income				
$100,000 or Less	-0.1	1.3	-1.6	17.0
$100,001 - $125,000	9.7	1.6	-4.5	29.2
$125,001 - $200,000	7.1	3.8	0.5	22.6
More than $200,000	10.8	2.7	-5.8	17.3
Medicare Patient Time				
10-20 Percent	6.0	0.3	-7.0	20.0
21-30 Percent	3.1	4.8	0.4	14.3
31-40 Percent	10.7	4.5	1.6	29.7
41-50 Percent	12.2	6.6	11.0	43.6
More than 50 Percent	-2.1	-4.1	-18.2	34.8
ALL PHYSICIANS	6.0	1.5	-2.9	21.6

Comparison of numbers from Table 11 with numbers from Tables 1-4 and 1-5 from 1994 NORC report.
No test for significance could be conducted because the sample sizes for 1994 were not available.

Table 13. Seriousness of Problems with Reimbursement Levels, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their: PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	18.3	32.3 *	52.2	75.8 *
Surgeons	34.5 *	59.0 *	71.6 *	72.5
Non-Proceduralists	21.9	40.5 *	54.1	59.1 *
Ophthalmologists	34.3	57.8	59.4	75.3
Orthopedic Surgeons	47.2 *	78.2 *	83.9	83.0
Cardio-Thoracic Surgeons	45.2	63.1	66.7	67.3
Urban	24.9	43.0 *	54.1 *	67.1
Rural	31.2	61.7 *	75.4 *	58.5
Income				
$100,000 or Less	16.4 *	39.5	46.3 *	59.8
$100,001 - $125,000	31.4	42.4	56.8	63.8
$125,001 - $200,000	26.1	48.8	61.1	64.6
More than $200,000	26.6	45.3	66.3	68.9
Medicare Patient Time				
10-20 Percent	23.5	42.3	48.2 *	65.0
21-30 Percent	19.4	42.2	69.1	66.9
31-40 Percent	34.2	53.2	76.9 *	54.4
41-50 Percent	25.6	58.1	80.8	76.8
More than 50 Percent	35.9 *	42.6	37.6	78.2
ALL PHYSICIANS	25.3	45.0	58.6	66.0

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 10 for physicians who received Form B of the questionnaire.

Table 14. Change Since 1994 in Seriousness of Problems Related to Reimbursement Levels, by Type of Patient and by Type of Physician

Type of Physician	Percentage Point Change in Percent of Respondents Who Said the Factor was a 'Very Serious' Problem for Their:			
	PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	3.3	-8.7	-7.9	47.8
Surgeons	16.5	2.0	0.6	32.5
Non-Proceduralists	7.9	-1.5	2.1	32.1
Urban	8.9	-4.1	-3.9	33.1
Rural	20.2	12.7	15.4	41.5
Income				
$100,000 or Less	2.4	-5.5	-2.7	33.8
$100,001 - $125,000	15.4	0.4	-1.2	38.8
$125,001 - $200,000	12.1	-1.2	-3.9	36.6
More than $200,000	10.6	-4.7	0.3	20.9
Medicare Patient Time				
10-20 Percent	5.5	-1.7	3.2	29.0
21-30 Percent	-0.6	-6.8	9.1	31.9
31-40 Percent	22.2	3.2	8.9	29.4
41-50 Percent	15.6	17.1	7.8	54.8
More than 50 Percent	23.9	-12.4	-30.5	44.2
ALL PHYSICIANS	9.3	-3.0	-1.4	33.0

Comparison of numbers from Table 13 with numbers from Tables 1-4 and 1-5 from 1994 NORC report.
No test for significance could be conducted because the sample sizes for 1994 were not available.

reimbursement levels. Each of these tables effectively takes the corresponding percents reported in the 'very serious' column of Table 7, and examines whether there is variation in these percents by type of physician. Significant differences by physician group are indicated with an asterisk.

Focusing on the FFS Medicare column of Tables 9 and 11, we see virtually no significant variation by type of physician in the proportion of physicians who think that billing paperwork (Table 9) and external review of clinical decisions (Table 11) is a very serious problem when FFS Medicare is the payor. In contrast, the percent of physicians who feel that FFS Medicare reimbursement levels are a very serious problem does vary by type of physician (Table 13). Specifically, surgeons were significantly more likely than non-surgeons to say that FFS Medicare reimbursement is a very serious problem; these surgeons were also more likely to indicate that private FFS and FFS Medicaid reimbursement levels are problematic. Among the over-sampled specialties, orthopedic surgeons were significantly more likely to rate FFS Medicare reimbursement as a very serious problem. FFS Medicare reimbursement also appears to be a much more serious problem for rural physicians than for their urban counterparts, as does FFS Medicaid reimbursement.

Tables 10, 12, and 14 show the percentage point changes in the respective ratings that have occurred since 1994. We were unable to test whether these changes were significantly different from zero because the 1994 NORC report did not provide the necessary cell sizes. Thus, these tables are presented for informational purposes only, but are not discussed here.

Level of Concern about Factors Related to Practice

Tables 15 through 20 present the results of the same types of analyses as described above, but use the new version of the questions that asked about 'levels of concern' with various practice factors. There are no tables showing the change in ratings since 1994 because these questions were not asked on the PPRC/NORC survey.

As a rule, the relative pattern of results is very similar to the results described above. In absolute magnitude, however, the percent of physicians saying they were 'very concerned' about a factor tended to be higher than the percent of physicians saying the factor was a 'very serious problem.' **Table 15** shows that the time spent on billing paperwork, reimbursement levels, and practice costs are the top three factors causing concern among respondents (these were also the problems judged to be the most serious in Table 3). Surgeons were significantly more likely than non-surgeons to say they were very concerned about reimbursement levels and practice costs, with orthopedic surgeons particularly concerned about reimbursement levels (**Table 16**, which can be compared to Table 5).

By type of patient (**Table 17**, which is comparable to Table 7), we see that physicians' concern about time spent on billing paperwork, external review of clinical decisions, and reimbursement is highest for their HMO/capitated patients. Also, significantly fewer physicians are very concerned about reimbursement for their

Table 15. Physicians' Level of Concern About Factors Related to Their Practice, 1999

	N	Percent of Respondents Who Said They Were:				
		Very Concerned	Somewhat Concerned	Not Very Concerned	Not at All Concerned	Unsure
Time spent on paperwork and administration related to billing	681	69.7	24.0	4.4	1.0	0.9
External review and oversight of your clinical decisions	681	45.4	36.0	15.1	3.3	0.2
Reimbursement levels	681	64.7	30.4	3.2	1.4	0.2
Malpractice issues and insurance	681	47.8	35.3	16.0	0.8	0.0
Cost of practice	681	56.4	32.1	9.8	1.2	0.5

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 6 for physicians who received Form A of the questionnaire.

Table 16. Physicians' Level of Concern About Factors Related to Their Practice, by Type of Physician, 1999

Type of Physician	Base N	Percent of Respondents Who Said They Were 'Very Concerned' About: Billing Paperwork & Admin.	Ext. Review/Oversight of Clinical Decisions	Reimbursement Levels	Malpractice Issues & Insurance	Cost of Practice
Proceduralists	43	70.2	42.5	65.3	45.4	57.8
Surgeons	386	72.7	47.8	81.5 *	53.0	67.9 *
Non-Proceduralists	254	68.1	45.0	56.0 *	45.8	50.2 *
Ophthalmologists	122	75.2	45.5	82.8	31.4	72.7
Orthopedic Surgeons	104	69.3	47.0	82.1 *	56.1	65.0
Cardio-Thoracic Surgeons	66	77.7	32.5	88.7	40.6	77.7
Urban	591	70.4	47.0	65.5	47.5	57.3
Rural	85	68.4	36.6	60.5	50.3	54.2
Income						
$100,000 or Less	96	66.1	42.5	61.7	50.9	56.7
$100,001 - $125,000	83	67.1	35.2 *	56.2 *	43.9	61.9
$125,001 - $200,000	200	66.5	49.1	62.7	46.0	51.9 *
More than $200,000	256	75.4 *	50.7	74.2 *	52.4	61.1
Medicare Patient Time						
10-20 Percent	189	72.7	47.7	67.9	51.6	57.9
21-30 Percent	145	74.2	43.2	64.7	45.5	52.5
31-40 Percent	95	65.9	42.8	57.0	42.4	63.8
41-50 Percent	93	66.1	41.8	69.0	48.4	53.9
More than 50 Percent	102	80.8	54.4	74.7	47.4	62.7
ALL PHYSICIANS	683	69.7	45.4	64.7	47.8	56.4

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 6 for physicians who received Form A of the questionnaire.

Table 17. Physicians' Level of Concern About Factors Related to their Practice, by Type of Patient, 1999

Factor and Type of Patient	N	Percent of Respondents Who Said They Were: Very Concerned	Somewhat Concerned	Not Very Concerned	Not at All Concerned	Unsure
Time spent on billing paperwork						
PPO and other private FFS pts.	579	52.5	35.4 *	9.1	1.9	1.1
FFS Medicare patients (R)	608	56.8	29.6	10.1	2.4	1.1
FFS Medicaid patients	268	52.2	31.1	13.8	1.8	1.1
HMO/other capitated-plan pts.	492	69.9 *	23.2 *	4.3 *	1.2	1.3
External review of clinical decisions						
PPO and other private FFS pts.	588	36.9	39.7	18.8	4.0	0.5
FFS Medicare patients (R)	613	41.4	37.2	16.6	4.6	0.3
FFS Medicaid patients	267	33.0 *	42.3	19.6	5.2	0.0
HMO/other capitated-plan pts.	497	57.3 *	31.1 *	9.7 *	1.7 *	0.3
Reimbursement levels						
PPO and other private FFS pts.	588	52.6 *	36.0 *	10.1 *	1.0	0.3
FFS Medicare patients (R)	616	69.4	26.0	3.8	0.5	0.3
FFS Medicaid patients	268	74.5	20.0	4.3	1.2	0.0
HMO/other capitated-plan pts.	491	80.6 *	13.5 *	4.0	1.0	0.9

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better. (R)=reference category for significance testing.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Questions 8, 9, and 10 for physicians who received Form A of the questionnaire.

Table 18. Level of Concern About Time Spent on Billing-Related Paperwork, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said They Were 'Very Concerned' About the Factor for Their: PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	51.4	68.1 *	52.2	71.1
Surgeons	55.2	54.1	59.9	75.8
Non-Proceduralists	51.4	55.0	48.9	66.6
Ophthalmologists	50.0	56.0	52.3	76.0
Orthopedic Surgeons	58.7	46.0	59.6	80.4
Cardio-Thoracic Surgeons	52.7	71.3	52.0	39.8
Urban	55.6 *	56.9	53.8	72.2 *
Rural	36.3 *	54.6	46.2	55.9 *
Income				
$100,000 or Less	52.9	55.9	59.7	71.4
$100,001 - $125,000	49.1	52.0	56.7	72.8
$125,001 - $200,000	46.8 *	53.0	46.7	65.3
More than $200,000	60.4 *	62.5 *	51.6	73.1
Medicare Patient Time				
10-20 Percent	49.7	55.2	52.2	73.2
21-30 Percent	58.3	58.6	54.1	70.5
31-40 Percent	50.9	53.9	41.7	65.1
41-50 Percent	42.2	56.5	64.4	75.2
More than 50 Percent	49.5	64.3	37.9	55.1
ALL PHYSICIANS	52.5	56.8	52.2	69.9

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 9 for physicians who received Form A of the questionnaire.

Table 19. Level of Concern About External Review/Oversight of Clinical Decisions, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said They Were 'Very Concerned' About the Factor for Their: PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	36.1	41.8	39.9	61.8
Surgeons	38.9	42.4	29.6	61.2
Non-Proceduralists	36.1	40.7	33.1	54.1
Ophthalmologists	22.1	47.0	27.3	56.6
Orthopedic Surgeons	50.0	36.2	34.7	63.5
Cardio-Thoracic Surgeons	42.6	23.2	32.0	81.5
Urban	39.8 *	41.8	32.4	58.1
Rural	22.6 *	39.4	34.8	52.3
Income				
$100,000 or Less	37.9	38.6	15.7 *	54.7
$100,001 - $125,000	32.2	41.2	38.4	59.7
$125,001 - $200,000	33.9	43.6	34.2	52.8
More than $200,000	44.7 *	44.9	38.3	62.4
Medicare Patient Time				
10-20 Percent	37.5	41.7	41.0 *	57.0
21-30 Percent	38.5	41.1	20.4 *	48.0 *
31-40 Percent	35.0	42.0	31.4	60.8
41-50 Percent	34.8	42.0	50.5	70.2 *
More than 50 Percent	30.7	38.8	22.5	66.4
ALL PHYSICIANS	36.9	41.4	33.0	57.3

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 8 for physicians who received Form A of the questionnaire.

Table 20. Level of Concern About Reimbursement Levels, by Type of Patient and by Type of Physician, 1999

Type of Physician	Percent of Respondents Who Said They Were 'Very Concerned' About the Factor for Their:			
	PPO and Other Private FFS Pts.	FFS Medicare Patients	FFS Medicaid Patients	HMO & Capitated-Plan Patients
Proceduralists	47.4	77.9 *	76.0	85.0
Surgeons	70.4 *	80.7 *	82.3	89.6 *
Non-Proceduralists	44.9 *	61.6 *	70.7	75.0 *
Ophthalmologists	54.8	81.2	70.5	87.3
Orthopedic Surgeons	75.3 *	76.2	68.1	88.4
Cardio-Thoracic Surgeons	69.1	91.2	88.0	93.5
Urban	53.7	69.7	76.9	80.9
Rural	46.5	67.8	65.4	76.5
Income				
$100,000 or Less	54.3	65.0	71.0	74.7
$100,001 - $125,000	43.2	57.1 *	58.4 *	77.4
$125,001 - $200,000	45.1 *	65.1	73.9	76.8
More than $200,000	64.5 *	81.2 *	81.7 *	88.7 *
Medicare Patient Time				
10-20 Percent	53.9	66.5	71.3	80.2
21-30 Percent	51.3	65.8	71.5	82.9
31-40 Percent	46.0	76.5	81.9	76.9
41-50 Percent	55.9	72.6	77.6	90.1
More than 50 Percent	54.1	73.8	56.0	96.9 *
ALL PHYSICIANS	52.6	69.4	74.5	80.6

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians spending at least 10 percent of their patient care time with the given type of patient.
Analysis of responses to Question 10 for physicians who received Form A of the questionnaire.

privately-insured FFS patients (52.6 percent) than for their FFS Medicare patients (69.4 percent). There is little significant variation by type of physician in the percent of respondents indicating that they are 'very concerned' about the time spent on billing paperwork for FFS Medicare patients (**Table 18**, comparable to Table 9), or external review of clinical decisions for FFS Medicare patients (**Table 19**, comparable to Table 11). Surgeons are significantly more likely than non-surgeons to be 'very concerned' about reimbursement levels—not only for their FFS Medicare patients, but also for their private FFS and HMO/captiated patients (**Table 20**, comparable to Table 13). There is also evidence that physicians in the highest income category are consistently more likely to say they are 'very concerned' about reimbursement levels for all types of payors.

SECTION 4

CHANGES IN PHYSICIANS' PRACTICES

- In the past year, many physicians have taken steps to reduce their practice costs. More than one-half of the respondents said their practice had reduced staff costs, and two-thirds said their practice had delayed or reduced capital expenditures.
- Physicians also report making changes in an effort to increase revenue. These changes include increasing the number of patients seen (68.7 percent) and expanding the range of services provided (39.5 percent).

The survey included two sets of questions designed to ask about recent changes in physicians' practices. The first set comprised four 'yes/no' questions to determine whether the physician's main practice had taken any of the following actions in the past year in an effort to reduce practice costs or increase revenue:

- reduced staff costs,
- delayed or scaled back plans for spending on equipment or facilities,
- increased the number of patients seen, or
- expanded the range of services offered.

Reducing staff costs included actions such as reducing the number of office staff or the hours they work, curtailing salary increases, or reducing fringe benefits. Expansions to the range of services included adding services such as pharmaceutical dispensing, in-office testing, and dispensing eyeglasses. These questions were asked of all respondents who had a full or part ownership interest in their practice, as well as of respondents who were employees in their practice, but they were not asked of physicians whose main form of practice was as an independent contractor.

Table 21 shows that many physicians took steps in the past year to reduce their practice costs. More than one-half of the respondents (51.5 percent) said their practice had reduced staff costs, and almost two-thirds (65.8 percent) said their practice had delayed or reduced capital expenditures. Physicians also reported making practice changes in an effort to increase revenue. These changes include increasing the number of patients seen (68.7 percent) and expanding the range of services provided (39.5 percent).

When these practice changes were examined by type of physician, we see that surgeons were significantly more likely than non-surgeons to have delayed or reduced capital expenditures, and proceduralists were more likely than other physicians to have expanded the range of services provided by their practice. There were no significant differences in the likelihood of making these types of practice changes for any of the

Table 21. Practice Changes Made in the Past Year to Reduce Practice Costs or Increase Revenue, by Type of Physician

Type of Physician	Base N	Percent of Respondents Who Said Their Practice Had: Reduced Staff Costs	Delayed/Reduced Capital Expenditures	Increased Number of Patients	Expanded Range of Services
Full/Part Owner of Practice	839	46.4 *	67.0	67.3	37.5 *
Employee of Practice	378	60.8 *	63.7	72.3	43.9 *
Proceduralists	77	53.0	70.5	68.6	54.4 *
Surgeons	744	54.6	72.0 *	69.0	38.2
Non-Proceduralists	403	49.2	60.6 *	68.5	35.7 *
Ophthalmologists	231	55.7	77.5	71.0	49.8
Orthopedic Surgeons	207	46.7	69.3	74.3	34.4
Cardio-Thoracic Surgeons	134	74.6	78.9	47.8	28.4
Urban	1069	52.6	66.0	69.2	39.5
Rural	140	45.7	64.9	66.1	39.4
Income					
$100,000 or Less	172	54.3	69.2	57.5 *	27.2 *
$100,001 - $125,000	134	52.5	69.2	71.3	34.1
$125,001 - $200,000	357	57.6 *	62.5	74.2 *	42.6
More than $200,000	485	45.4 *	64.7	71.0	47.6 *
Medicare Patient Time					
10-20 Percent	367	55.4	67.3	73.0	39.9
21-30 Percent	270	43.6 *	55.0 *	72.0	43.7
31-40 Percent	171	47.4	73.1 *	66.0	39.6
41-50 Percent	145	45.8	69.0	65.6	36.9
More than 50 Percent	181	61.8 *	68.0	58.9 *	33.4
HMO Patient Time					
10-20 Percent	405	50.3	64.9	67.3	43.1
21-30 Percent	193	53.8	69.1	72.5	42.1
31-40 Percent	107	55.4	66.8	78.1	39.1
41-50 Percent	77	54.6	73.3	73.7	41.2
More than 50 Percent	119	59.9 *	66.8	78.4 *	35.1
ALL PHYSICIANS	1224	51.5	65.8	68.7	39.5

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations, as well as 74 physicians who said they were an independent contractor in their main practice. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Questions 13, 14, 15, and 16.

Table 22. Other Changes in Practice Style in the Past Year, by Type of Patient

Practice Style	N	Percent of Respondents Who Said: Less	More	About the Same	Unsure
Telephone Time per Patient					
PPO and other private FFS patients	1286	7.1	24.2 *	64.1	4.7
FFS Medicare patients (R)	1284	7.5	20.8	66.6	5.1
FFS Medicaid patients	1248	8.3	18.2	59.4 *	14.1 *
HMO and other capitated-plan pts.	1257	8.4	32.2 *	50.0 *	9.3 *
After-Hours Referrals to Other Sources of Care					
PPO and other private FFS patients	1274	7.8	7.5	73.4	11.3
FFS Medicare patients (R)	1272	6.5	8.4	74.1	11.0
FFS Medicaid patients	1239	6.4	8.6	65.5 *	19.5 *
HMO and other capitated-plan pts.	1244	9.5 *	9.6	65.6 *	15.4 *
Discretionary Time During Visits					
PPO and other private FFS patients	1279	15.1	12.5	69.4	2.9
FFS Medicare patients (R)	1278	16.1	11.4	69.1	3.4
FFS Medicaid patients	1237	16.4	9.3	62.0 *	12.3 *
HMO and other capitated-plan pts.	1256	19.0	12.5	61.0 *	7.5 *

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better. (R)=reference category for signficance testing.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 17.

over-sampled specialties, nor did the probability vary by urban/rural location. Physicians with higher incomes tended to be more likely than lower-income physicians to have made changes designed to increase revenues, whereas physicians with a high concentration of HMO patients tended not only to be more likely to have increased the number of patients they see but to have cut staff costs as well.

The second question on the MedPAC survey dealing with changes in physicians' practices asked for comparisons relative to one year ago for: 1) the amount of time spent answering patient and family questions over the telephone; 2) the proportion of patients referred to other sources of care after hours; and 3) the amount of discretionary time spent with patients and family during visits (Question 17).

Table 22 shows the results for this question, by type of patient. Tests for significance compared the responses for each patient insurance category to the FFS Medicare patient category. Overall, physicians were more likely to say that there had been a change in their treatment of FFS Medicaid and HMO/capitated patients than in their treatment of FFS Medicare patients. When changes were reported for FFS Medicaid and HMO/capitated patients, a relatively large proportion of physicians were unable to indicate the direction of the change.

When there has been a change in the amount of time spent in telephone consultation with patients and their families, respondents were 2 to 4 times more likely to indicate that this time has increased rather than decreased. This pattern was consistent across payor types. The percent of physicians saying telephone time had gone up was significantly higher when the patients were insured by a private FFS payor or were in an HMO or other capitated system (relative to FFS Medicare).

When changes were reported in the proportion of patients who were being referred to other sources of care after hours (such as urgent care centers or ERs), physicians were about as likely to say that this proportion had gone up as had gone down.

Finally, while 16.1 percent of respondents said they were now spending less discretionary time with the FFS Medicare patients during visits, 11.4 percent said the amount of discretionary time had increased for these patients. In no case was the change in discretionary visit time reported for FFS Medicare patients significantly different from the changes reported for patients with other types of insurance.

SECTION 5

ACCESS TO CARE

Three sets of questions provide information on different aspects of Medicare beneficiaries' access to physician services. These questions deal with:

1) difficulty of referring patients to other physicians,
2) acceptance of new patients, and
3) changes in appointment priority.

Results from these three lines of questioning are presented below.

Difficulty of Referring Patients to Other Physicians

- The proportion of physicians reporting that it is very difficult to find a suitable referral for their FFS Medicare patients is very small and is not significantly different from the percent reporting referral difficulties for their privately-insured FFS patients.
- Relative to their FFS Medicare patients, physicians reported much greater difficulty referring their FFS Medicaid and HMO/capitated patients.

Tables 23 and 24 show the analysis of responses to Question 11, which asked physicians to rate the level of difficulty in finding suitable referral physicians for their patients with different types of insurance. In **Table 23**, we see that only 4 percent of respondents indicated that it was 'very difficult' to refer their FFS Medicare patients—a figure that was not significantly different from the figure reported for privately-insured FFS patients (3.7 percent). In contrast, one in every five physicians (19.2 percent) said it was very difficult to find suitable referrals for their HMO patients, and 27.7 percent said they had a very difficult time referring their FFS Medicaid patients.

In **Table 24** we examine whether the percent of physicians experiencing difficulty referring a given type of patient varied according to the characteristics of the physician. For FFS Medicare patients, we see that surgeons were significantly more likely than non-surgeons to report referral difficulties, while proceduralists were less likely than other physicians to have had difficulty referring their FFS Medicare patients. For privately-insured FFS patients, physicians in rural areas were significantly more likely than those in urban areas to report that it was very difficult to find a suitable referral.

Table 23. Physicians' Assessment of Difficulty Referring Patients, by Type of Patient, 1999

Type of Patient	N	Percent of Respondents Who Said Finding a Suitable Referral for the Type of Patient was: Very Difficult	Somewhat Difficult	Not Very Difficult	Not at All Difficult	Unsure
PPO and other private FFS patients	1275	3.7	18.5	38.9	35.1	3.9
FFS Medicare patients (R)	1275	4.0	15.9	41.9	34.2	4.0
FFS Medicaid patients	1230	27.7 *	26.4 *	19.9 *	13.0 *	13.0 *
HMO and other capitated-plan pts.	1247	19.2 *	35.2 *	25.6 *	13.5 *	6.3 *

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better. (R)=reference category for significance testing. Missing values excluded from all calculations, as well as a small number of physicians who said they do not refer patients. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 11.

Table 24. Physicians' Assessment of Referral Difficulty, by Type of Patient and by Type of Physician, 1999

Type of Physician	Base N	Percent of Respondents Who Said It Was 'Very Difficult' to Find a Suitable Referral for: PPO or Other Private FFS Patients	FFS Medicare Patients	FFS Medicaid Patients	HMO or Other Capitated-Plan Pts.
Proceduralists	79	4.1	1.4 *	30.6	23.8
Surgeons	769	2.7	5.8 *	27.1	20.3
Non-Proceduralists	450	4.1	3.9	27.3	17.3
Ophthalmologists	236	3.0	1.7	24.0	23.0
Orthopedic Surgeons	213	5.3	4.2	36.4	20.4
Cardio-Thoracic Surgeons	137	2.5	3.7	15.7	11.9
Urban	1133	3.0 *	4.1	28.5	19.1
Rural	150	8.3 *	2.9	21.3	16.6
ALL PHYSICIANS	1298	3.7	4.0	27.7	19.2

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations, as well as a small number of physicians who said they do not refer patients. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 11.

Acceptance of New Patients

- For all types of patients combined, acceptance of new patients has held steady since 1994.
- Acceptance of privately-insured FFS and FFS Medicare patients appears to have increased very slightly from 1994 to 1999, with the rates remaining virtually equal for these two types of patients. The largest increase in acceptance of new patients was for HMO patients, no doubt reflecting the increasing penetration of managed care.
- The percent of physicians saying that they accept *all* new FFS Medicare patients is on a par with the percent saying they accept *all* new private FFS patients (75 percent). Another 20 percent of physicians indicated that they accept *some* new patients with these types of insurance.
- Acceptance of new FFS Medicaid, HMO/capitated, and uninsured patients continues to lag below the acceptance of new FFS Medicare patients. Significantly higher proportions of physicians refused to accept any new patients of these types, or accepted only some of the new patients who wanted to see them.
- There is no evidence to support the hypothesis that recent changes in FFS Medicare payments have affected physicians' willingness to accept new FFS Medicare patients. First, the small declines in acceptance rates recorded between 1997 and 1999 were observed for all payor categories, were generally not statistically significant, and are likely to be an artifact of the way the data were collected for the two time periods. Second, the acceptance rates reported by surgeons fell by only 0.1 percentage points, while those reported by non-proceduralists fell by 2.5 percentage points (with neither change being significantly different from zero).

Four questions were included on the MedPAC survey to collect information about physicians' willingness to accept new patients. We began by asking whether the physician was currently accepting new patients (regardless of type of insurance). Physicians who answered 'yes' to this question were then asked whether they were currently accepting all, some, or no new patients with specific types of insurance. These two questions were then repeated but asked the physician to think back to 1997 as the point of reference. The PPRC/NORC survey included two identical questions asking about the (then) current time period of 1994. Thus, the answers from the PPRC/NORC survey should be directly comparable to the 1999 responses obtained in the MedPAC survey, while the 1997 data from the MedPAC survey reflect a slightly different way of asking the question and may not be exactly comparable to either the 1999 or the 1994 data.

Considering all types of patients together, we see from **Table 25** that physician acceptance of new patients has held steady from 1994 to 1999. Ninety-three percent of physicians were accepting new patients in 1994, compared to 92.9 percent in 1999.[4] Although the acceptance rate reported for 1997 was higher than for 1994 or 1999, it is important to keep in mind that the 1997 data were derived from a question that required the physician to think back to a point in the past, whereas data from the other two years are based on questions that asked about the current period. In 1999, surgeons were significantly more likely than non-surgeons to accept new patients (probably due to the referral nature of their practice), while non-proceduralists and physicians in the lowest income category were slightly less likely than other physicians to accept new patients.

Table 26 shows how the acceptance of new patients varies by type of insurance category, and indicates how selective physicians are in accepting new patients of a given insurance type (i.e., do they tend to accept all new patients, or only some new patients with that type of insurance?). Tests for significant differences compare each insurance category with FFS Medicare. In both 1997 and 1999, the percent of physicians who said they accept all new FFS Medicare patients was on a par with the acceptance of privately-insured FFS patients, with approximately three-quarters of respondents saying that they accept all new patients who come to them with either of these two types of insurance. Another 20 percent of physicians accept some of the new patients who come to them with either private or Medicare FFS insurance.

Acceptance of new FFS Medicaid, HMO/capitated, and uninsured patients, on the other hand, consistently fell below the acceptance of FFS Medicare patients. Not only were physicians significantly more likely to refuse to accept these types of patients at all, they were also more likely to accept only some of the new patients who came to them rather than taking all newcomers.

These same trends can be seen in **Table 27**, which combines the percent of physicians accepting all new patients with the percent accepting some new patients, and which includes 1994 data for comparisons. Using the 1994 and 1999 columns as the most directly comparable, we see that physician acceptance of FFS Medicare patients appears to have increased slightly over the five-year period, rising from 95.0 percent in 1994 to 95.7 percent in 1999.[5] The rate for privately-insured FFS patients shows a similar increase. Physician acceptance of new FFS Medicare patients continues to be on a par with physician acceptance of new private FFS patients. Acceptance rates for FFS Medicaid and uninsured patients appear to have fallen slightly, while acceptance of HMO patients has increased, but all three rates remain significantly below the acceptance rate reported for FFS Medicare patients.

Table 28 shows the acceptance of new patients by type of patient in 1994 and 1999, and explores whether these acceptance rates vary by type of physician. Focusing

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[4] Numbers presented in the 1994 NORC report were rounded to the nearest integer value. Thus, the 93 percent figure reported for 1994 could have been anywhere from 92.5 to 93.4 percent.

[5] Again, keep in mind that the 1994 acceptance rate could have been anywhere between 94.5 and 95.4 percent.

Table 25. Acceptance of New Patients (of Any Type), by Type of Physician, 1994 to 1999

Type of Physician	1994		1997		1999	
	N	% Accepting	N	% Accepting	N	% Accepting
Proceduralists	101	100.0 *	72	98.5 *	75	93.0
Surgeons	344	98.0 *	748	97.8 *	751	97.7 *
Non-Proceduralists	555	88.0 *	401	92.4 *	406	90.1 *
Ophthalmologists	NA	NA	233	99.6	233	98.7
Orthopedic Surgeons	NA	NA	206	97.9	208	98.4
Cardio-Thoracic Surgeons	NA	NA	134	100.0	136	98.8
Urban	833	93.0	1069	95.4	1078	92.4
Rural	167	91.0	137	92.5	139	95.9
Income						
$100,000 or Less	260	88.0 *	184	88.9 *	187	89.4 *
$100,001 - $125,000	137	89.0	136	94.3	137	91.7
$125,001 - $200,000	315	95.0 *	353	96.0	357	92.8
More than $200,000	213	97.0 *	473	97.9 *	476	94.8
ALL PHYSICIANS	1,000	93.0	1221	95.1	1232	92.9

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. 1997 and 1999 percents weighted to account for oversampling of selected specialties. 1994 numbers as published in Table 2-3 of the 1994 NORC report.
Analysis of responses to Questions 18 and 20.

Table 26. Degree of Acceptance of New Patients, by Type of Patient, 1997 and 1999

Type of Patient	Percent of Respondents Who Were Accepting		
	All New Patients	Some New Patients	No New Patients
1997 (Base N = 1176)			
PPO and other private FFS patients	75.6	21.4	2.3
FFS Medicare patients (R)	76.1	20.7	2.2
FFS Medicaid patients	50.7 *	25.3 *	20.1 *
HMO and other capitated-plan patients	58.1 *	29.6 *	9.0 *
Uninsured patients	53.4 *	37.2 *	8.0 *
1999 (Base N = 1173)			
PPO and other private FFS patients	75.4	21.4	2.1
FFS Medicare patients (R)	75.5	20.2	3.2
FFS Medicaid patients	46.6 *	24.8 *	25.6 *
HMO and other capitated-plan patients	55.0 *	30.3 *	12.1 *
Uninsured patients	51.6 *	37.7 *	9.3 *

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better. (R)=reference category for significance testing.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Rows may not sum to 100 percent because physicians who said they were 'unsure' are not shown in the table.
Analysis limited to physicians who were accepting new patients (regardless of type) in the year.
Analysis of responses to Questions 19 and 21.

Table 27. Acceptance of New Patients, by Type of Patient, 1994 to 1999

Type of Patient	Percent of Respondents Who Were Accepting All or Some New Patients of That Type in:		
	1994	1997	1999
PPO and other private FFS patients	96.0	97.0	96.8
FFS Medicare patients (R)	95.0	96.8	95.7
FFS Medicaid patients	73.0 *	76.0 *	71.5 *
HMO and other capitated-plan patients	77.0 *	87.9 *	85.4 *
Uninsured patients	91.0 *	90.7 *	89.3 *
Base N	929	1176	1173

* Percentage differs from percentage for FFS Medicare patients at 0.05 significance level or better.
(R)=reference category for significance testing.
Missing values excluded from all calculations. 1997 and 1999 percents weighted to account for oversampling of selected specialties. 1994 numbers as published in Table 2-4 of the 1994 NORC report.
Analysis limited to physicians who were accepting new patients (regardless of type) in the year.
Analysis of responses to Questions 19 and 21.

Table 28. Acceptance of New Patients, by Type of Patient and by Type of Physician, 1994 and 1999

Type of Physician	Base N		Percent of Respondents Who Were Accepting Patient Type in Year:									
			PPO/Private FFS		FFS Medicare		FFS Medicaid		HMO/Capitated plans		Uninsured	
	1994	1999	1994	1999	1994	1999	1994	1999	1994	1999	1994	1999
Proceduralists	101	70	96.0	98.4	98.0	98.4 *	73.0	78.5 *	83.0	84.8	90.0	90.4
Surgeons	338	736	97.0	98.5 *	96.0	97.7 *	80.0 *	78.9 *	83.0 *	88.1	92.0	92.4 *
Non-Proceduralists	490	367	95.0	95.3 *	93.0 *	93.6 *	69.0 *	64.8 *	71.0 *	84.0	91.0	87.1 *
Urban	777	1023	96.0	96.6	95.0	95.3 *	72.0 *	69.1 *	79.0 *	85.0	91.0	88.4 *
Rural	152	135	98.0	97.7	95.0	98.7 *	81.0 *	89.1 *	65.0 *	89.1	93.0	94.3 *
Income												
$100,000 or Less	229	172	93.0 *	95.5	96.0	96.4	67.0 *	70.3	70.0 *	83.6	90.0	89.8
$100,001 - $125,000	122	126	95.0	93.8 *	90.0 *	94.9	74.0	66.2	72.0	86.3	94.0	87.6
$125,001 - $200,000	298	338	97.0	96.6	95.0	93.6 *	76.0	69.4	78.0	85.5	90.0	87.4
More than $200,000	207	464	99.0 *	98.4 *	98.0 *	97.5 *	79.0	75.5 *	86.0 *	87.1	92.0	91.4
ALL PHYSICIANS	929	1173	96.0	96.8	95.0	95.7	73.0	71.5	77.0	85.4	91.0	89.3

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Analysis limited to physicians who were accepting new patients (regardless of type) in the year.
1999 percents weighted to account for oversampling of selected specialties. 1994 numbers as published in Table 2-4 of the 1994 NORC report.
Analysis of responses to Question 19.

first on the FFS Medicare columns, we see that surgeons and proceduralists are more likely than non-proceduralists to accept new FFS Medicare patients, and that the acceptance rates for all three specialty groups have increased over the period. Acceptance rates are also higher among physicians in rural areas. These same patterns are observed for FFS Medicaid patients and uninsured patients.

By comparing each pair of columns in Table 28, we are able to determine how the acceptance of new patients has changed since 1994 for different types of patients and different types of physicians. These calculations are presented in **Table 29**. The only category of patients for which physician acceptance changed significantly from 1994 to 1999 was HMO/capitated patients; acceptance of these types of patients increased by 8.4 percentage points over the period. This increased acceptance of HMO/capitated patients was most pronounced for non-proceduralists, rural physicians, and physicians in the lower income categories.

Tables 30 and **31** are similar to Tables 28 and 29 but use 1997 acceptance rates in place of 1994 rates. The purpose of showing these two time periods is primarily to determine whether the changes in FFS Medicare payments that occurred since 1997 had any impact on physician acceptance of FFS Medicare patients. As noted in prior tables, acceptance of new Medicare patients does appear to have fallen slightly between 1997 and 1999 (from 96.8 percent to 95.7 percent). This change is not significantly different from zero, however. Furthermore, reported acceptance rates for all other payor categories also declined over the same period, with only the 4.5 percentage point decrease for FFS Medicaid patients being statistically significant. Either there was an across-payor reduction in physician willingness to accept new patients, or the findings are an artifact of the different recall periods required when asking about 1997 (i.e., two years ago) v. 1999 (i.e., now).

The conclusion that FFS Medicare payment changes have not had a significant impact on physician acceptance of FFS Medicare patients is further strengthened by a closer look at the variations in FFS Medicare acceptance rates by type of physician. Acceptance rates among surgeons—who typically experienced relatively large declines in Medicare revenue as a result of the payment changes—fell by an insignificant 0.1 percentage points, and remain higher than FFS Medicare acceptance rates among non-surgeons. Conversely, acceptance rates for non-proceduralists (or medical specialists)—who typically enjoyed higher payments as a result of the payment changes—fell by 2.5 percentage points, and are significantly below acceptance rates for other types of physicians in 1999. For two of the three over-sampled specialties—which were selected specifically because of the large Medicare payment decreases they received—there was no change at all in the acceptance of new Medicare patients. Acceptance rates did fall by 3.4 percentage points among orthopedic surgeons, but this change was not statistically significant.

Table 29. Change Since 1994 in Acceptance of New Patients, by Type of Patient and by Type of Physician

Type of Physician	Percentage Point Change Since 1994 in Percent of Respondents Who Were Accepting Patient Type:				
	PPO/Private FFS	FFS Medicare	FFS Medicaid	HMO/Capitated Plans	Uninsured
Proceduralists	2.4	0.4	5.5	1.8	0.4
Surgeons	1.5	1.7	-1.1	5.1 *	0.4
Non-Proceduralists	0.3	0.6	-4.2	13.0 *	-3.9
Urban	0.6	0.3	-2.9	6.0 *	-2.6
Rural	-0.3	3.7	8.1	24.1 *	1.3
Income					
$100,000 or Less	2.5	0.3	3.3	13.6 *	-0.2
$100,001 - $125,000	-1.2	4.9	-7.8	14.3 *	-6.4
$125,001 - $200,000	-0.4	-1.4	-6.6	7.5 *	-2.6
More than $200,000	-0.6	-0.5	-3.5	1.1	-0.6
ALL PHYSICIANS	0.8	0.7	-1.5	8.4 *	-1.7

* Change from 1994 to 1999 is statistically different from 0 at the 0.05 significance level or better.
Missing values excluded from all calculations. Analysis limited to physicians who were accepting new patients (regardless of type).

Table 30. Acceptance of New Patients, by Type of Patient and by Type of Physician, 1997 and 1999

Type of Physician	Base N		Percent of Respondents Who Were Accepting Patient Type in Year:									
			PPO/Private FFS		FFS Medicare		FFS Medicaid		HMO/Capitated plans		Uninsured	
	1997	1999	1997	1999	1997	1999	1997	1999	1997	1999	1997	1999
Proceduralists	71	70	98.5	98.4	97.0	98.4 *	79.1	78.5 *	91.6	84.8	91.7	90.4
Surgeons	735	736	97.6	98.5 *	97.8	97.7 *	82.8 *	78.9 *	90.2	88.1	93.7 *	92.4 *
Non-Proceduralists	370	367	96.1	95.3 *	96.2	93.6 *	70.7 *	64.8 *	85.2 *	84.0	88.4 *	87.1 *
Ophthalmologists	232	230	97.8	98.3	99.1	99.1	87.3	82.9	91.6	86.6	96.1	95.6
Orthopedic Surgeons	201	204	98.3	97.9	98.3	94.9	78.8	74.8	90.1	87.7	92.7	88.6
Cardio-Thoracic Surgeons	134	134	100.0	99.4	100.0	100.0	97.6	97.6 *	98.8	97.0	100.0	100.0
Urban	1032	1023	96.7	96.6	96.5	95.3 *	74.0 *	69.1 *	88.0	85.0	90.1	88.4 *
Rural	129	135	98.7	97.7	98.9	98.7 *	90.6 *	89.1 *	88.0	89.1	93.0	94.3 *
Income												
$100,000 or Less	166	172	96.3	95.5	94.8	96.4	77.0	70.3	81.8 *	83.6	91.9	89.8
$100,001 - $125,000	129	126	97.0	93.8 *	95.1	94.9	69.5	66.2	86.6	86.3	85.7 *	87.6
$125,001 - $200,000	340	338	94.9 *	96.6	96.4	93.6 *	72.5	69.4	87.4	85.5	88.3	87.4
More than $200,000	468	464	98.8 *	98.4 *	98.5 *	97.5 *	80.1 *	75.5 *	91.9 *	87.1	93.7 *	91.4
ALL PHYSICIANS	1176	1173	97.0	96.8	96.8	95.7	76.0	71.5	87.9	85.4	90.7	89.3

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians who were accepting new patients (regardless of type) in the year.
Analysis of responses to Questions 19 and 21.

Table 31. Change Since 1997 in Acceptance of New Patients, by Type of Patient and by Type of Physician

Type of Physician	Percentage Point Change Since 1997 in Percent of Respondents Who Were Accepting Patient Type:				
	PPO/Private FFS	FFS Medicare	FFS Medicaid	HMO/Capitated Plans	Uninsured
Proceduralists	-0.1	1.5	-0.7	-6.7	-1.3
Surgeons	0.9	-0.1	-3.9	-2.2	-1.3
Non-Proceduralists	-0.9	-2.5	-5.9	-1.3	-1.3
Ophthalmologists	0.4	0.0	-4.4	-5.0	-0.5
Orthopedic Surgeons	-0.4	-3.4	-4.0	-2.4	-4.1
Cardio-Thoracic Surgeons	-0.6	0.0	0.0	-1.8	0.0
Urban	-0.1	-1.1	-4.9 *	-3.0 *	-1.8
Rural	-1.1	-0.1	-1.5	1.1	1.3
Income					
$100,000 or Less	-0.9	1.6	-6.7	1.8	-2.1
$100,001 - $125,000	-3.2	-0.2	-3.3	-0.3	1.9
$125,001 - $200,000	1.7	-2.8	-3.1	-1.9	-0.9
More than $200,000	-0.4	-1.0	-4.6	-4.8 *	-2.3
ALL PHYSICIANS	-0.2	-1.1	-4.5 *	-2.5	-1.4

* Change from 1997 to 1999 is statistically different from 0 at the 0.05 significance level or better.
Missing values excluded from all calculations. Analysis limited to physicians who were accepting new patients (regardless of type).

Changes in Appointment Priority

- Only about 10 percent of respondents said they had made any change at all since 1997 to the priority given to Medicare FFS patients who were seeking an appointment with them.
- Of physicians who had changed the appointment priority, slightly more said that Medicare patients are now given a lower priority relative to 1997 than said the priority had increased.
- There is no significant relationship between changes in appointment priority and the amount of patient care time spent with Medicare patients, nor with the physician's awareness of recent FFS Medicare payment changes.

The fact that physicians are continuing to accept new FFS Medicare patients at very high rates may be a misleading indicator of these patients' access to physician care if they are encountering increased difficulty in obtaining an appointment within a reasonable amount of time. We included two survey questions in an attempt to identify any changes in the priority physicians are giving to Medicare patients who are seeking an appointment with them. First we asked all physicians whether they had made any change at all since 1997 in the priority given to Medicare patients seeking an appointment. Second, those physicians who answered 'yes' to the first question were asked to indicate how the appointment priority had changed for their Medicare patients since 1997.

As shown in **Table 32**, 89.7 percent of the physicians responding to this question indicated that they had made no change at all since 1997 in the appointment priority given to Medicare patients. Of the few who said that a change had been made, slightly more physicians said that Medicare patients are now given a lower priority relative to 1997 than said the priority had increased. Surgeons were somewhat less likely than other physicians to have changed appointment priority, but in general there were few significant differences in the appointment priority distributions according to characteristics of the physician. Most notably, there does not appear to be any significant relationship between changes in appointment priority for Medicare patients and the amount of patient care time a physician spends with FFS Medicare patients. Nor does awareness of Medicare payment changes implemented since 1997 appear to be related to whether the priority given to Medicare patients has changed since 1997.

Table 32. Change Since 1997 in Priority Given to Medicare Patients When Seeking an Appointment, by Type of Physician

Type of Physician	N	Relative to 1997, Priority Now Given to Medicare Patients is: Much Higher	Somewhat Higher	Unchanged	Somewhat Lower	Much Lower
Proceduralists	77	5.5	1.4	88.3	4.9	0.0
Surgeons	753	0.3	1.7	92.5	4.0	1.5
Non-Proceduralists	409	1.7	3.5	88.4	4.9	1.5
			(Chi-squared =27.14 , p =0.001)			
Ophthalmologists	232	0.9	3.9	90.5	3.9	0.9
Orthopedic Surgeons	206	0.8	1.7	86.3	8.3	2.9
Cardio-Thoracic Surgeons	135	0.6	1.8	96.4	0.6	0.6
			(Chi-squared = 5.54 , p =0.937)			
Urban	1082	2.2	2.7	89.3	4.7	1.1
Rural	142	0.0	2.0	91.9	4.9	1.2
			(Chi-squared = 3.80 , p =0.433)			
Income						
$100,000 or Less	177	0.1	2.5	91.9	4.5	1.1
$100,001 - $125,000	136	2.9	2.3	90.0	1.9	2.9
$125,001 - $200,000	363	1.6	3.0	90.9	4.0	0.6
More than $200,000	486	3.1	2.5	86.7	6.7	1.2
			(Chi-squared = 19.06 , p = 0.087)			
Medicare Patient Time						
10-20 Percent	377	1.2	2.4	90.0	4.4	2.0
21-30 Percent	271	1.1	3.1	90.0	4.5	1.5
31-40 Percent	173	2.6	1.2	90.9	4.9	0.3
41-50 Percent	142	3.9	1.8	88.4	4.4	1.4
More than 50 Percent	183	3.5	4.2	86.7	5.4	0.2
			(Chi-squared = 17.33 , p = 0.632)			
Medicare Payment Changes						
Aware of Changes	938	1.9	2.9	88.8	5.0	1.4
Not Aware of Changes	206	2.7	1.3	91.3	3.5	1.3
			(Chi-squared = 9.010, p = 0.341)			
ALL PHYSICIANS	1239	1.9	2.6	89.7	4.6	1.2

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Questions 22 and 23.

SECTION 6

IMPACT OF MEDICARE FFS PAYMENT CHANGES ON REVENUE

- Two-thirds of all respondents said they were aware of changes in Medicare FFS payments that have taken place since 1997.
- Surgeons (including all three over-sampled specialties) and proceduralists were significantly more likely to report awareness of these payment changes, while non-proceduralists were less likely to do so. Awareness of the payment changes also tended to increase with physician income and with the percent of patient care time devoted to Medicare FFS patients.
- Of physicians who said they were aware of the payment changes, the vast majority estimated that these changes had decreased their practice revenue dramatically.
- Surgeons (especially cardio-thoracic surgeons) reported the most dramatic declines in revenue as a result of the Medicare FFS payment changes, followed by proceduralists.

MedPAC was interested in determining the extent to which physicians were aware of recent changes to Medicare FFS payments, and what impact they felt these payment changes had had on their total Medicare revenue. Physicians were first asked whether they were aware of any changes in Medicare's FFS payments that had occurred since 1997. Physicians who indicated that they were aware of these changes were then asked to estimate the direction and magnitude of any impact these changes may have had on Medicare revenue.

As shown in **Table 33**, two-thirds of all respondents said that they were aware of the recent Medicare FFS payment changes. Surgeons and proceduralists were significantly more likely than other physicians to be aware of the changes, as were all three of the over-sampled surgical specialties, physicians with incomes over $200,000 per year, and physicians who spend at least 30 percent of their patient care time with Medicare patients.

Of physicians who were aware of the changes, more than three-quarters (76.9 percent) said that the net impact of these changes had been to decrease their Medicare revenue, with a very significant portion of these physicians estimating a net decline of more than 10 percent. In contrast, only 8.9 percent of physicians who were aware of the payment changes felt that their Medicare revenue had increased as a result of the changes, and nearly all of those physicians said that the net increase in revenue was under 5 percent.

Table 33. Awareness of Medicare Payment Changes and Assessment of Impact of Changes on Revenue, by Type of Physician, 1999

Type of Physician	Starting N	Percent Aware of Medicare Payment Changes	Of Those Aware of Changes, Percent Who Said the Changes Have: Increased Patient Revenue by: Unknown %	10+ %	6-10 %	1-5 %	Had No Impact	Decreased Patient Revenue by: 1-5 %	6-10 %	10+ %	Unknown %
Proceduralists	77	88.3 *	1.7	0.0	1.7	6.9	6.9	21.8	24.5	33.1	3.5
Surgeons	766	72.2 *	0.0	0.2	0.0	2.8	5.4	10.8	30.6	45.0	5.2
Non-Proceduralists	448	57.7 *	0.0	0.0	1.8	10.6	23.8	15.4	23.7	16.7	8.1
			(Chi-squared = 128.82, p = 0.001)								
Ophthalmologists	236	92.4 *	0.0	0.5	0.0	1.4	5.7	11.5	33.0	43.5	4.3
Orthopedic Surgeons	211	88.6 *	0.0	0.5	0.0	3.3	2.3	10.7	36.0	42.2	5.1
Cardio-Thoracic Surgeons	137	92.3 *	0.0	0.0	0.7	0.0	1.3	2.6	22.8	71.3	1.3
			(Chi-squared = 43.06, p = 0.010)								
Urban	1127	67.0	0.4	0.0	1.4	7.7	14.6	14.1	26.5	29.6	5.7
Rural	149	66.1	0.0	0.3	0.0	5.1	13.1	21.0	21.9	29.3	9.5
			(Chi-squared = 9.75, p = 0.283)								
Income											
$100,000 or Less	192	60.9 *	0.0	0.0	1.5	7.6	22.5	18.4	17.2	28.8	4.1
$100,001 - $125,000	146	58.0 *	0.0	0.0	0.0	3.5	26.6	18.3	23.6	22.2	5.8
$125,001 - $200,000	378	61.6 *	0.0	0.0	0.7	8.6	12.8	18.9	26.3	23.0	9.8
More than $200,000	496	80.2 *	0.9	0.2	1.5	7.0	9.3	9.3	30.7	37.3	3.8
			(Chi-squared = 64.56, p = 0.001)								
Medicare Patient Time											
10-20 Percent	391	55.1 *	0.0	0.0	2.1	3.5	14.2	13.6	32.6	29.5	4.6
21-30 Percent	284	71.2	1.4	0.0	0.0	9.8	13.2	21.7	19.6	25.0	9.3
31-40 Percent	180	73.3 *	0.0	0.0	0.0	7.2	16.1	17.4	24.0	28.8	6.6
41-50 Percent	148	90.2 *	0.0	0.5	4.3	11.2	11.9	11.2	28.2	30.3	2.3
More than 50 Percent	187	78.5 *	0.0	0.0	0.0	7.4	15.8	12.8	26.4	34.2	3.6
			(Chi-squared = 62.46, p = 0.013)								
ALL PHYSICIANS	1291	66.7	0.3	0.1	1.2	7.3	14.2	15.1	26.2	29.4	6.2

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 24.

By specialty group, surgeons were the most likely to report very large declines in Medicare revenue as a result of the payment changes, followed by proceduralists. Non-proceduralists, on the other hand, were more likely than other physicians to say that the payment changes had either left their Medicare revenue unchanged or resulted in a modest net increase. All three of the over-sampled surgical specialties reported large decreases in Medicare revenue, and the reported declines were the most dramatic for cardio-thoracic surgeons. Nearly three out of every four cardio-thoracic surgeons (71.3 percent) indicated that their Medicare revenue had fallen by at least 10 percent, and another 22.8 percent said that revenue had declined by 6 to 10 percent. Declines were slightly less dramatic for ophthalmologists and orthopedic surgeons but were quite extensive nonetheless.

SECTION 7

MEDICARE PRIVATE CONTRACTING

- Two-fifths of all physicians said that they were 'not at all familiar' with Medicare's current private contracting option, and another one-quarter said that they were 'not very familiar' with this option.
- Surgeons and proceduralists were more likely than non-proceduralists to say that they were familiar with private contracting.
- There appears to be a large potential increase in the number of physicians entering into Medicare private contracts if Medicare makes it possible for them to contract privately on a case-by-case basis. More than half of all respondents said they would be at least 'somewhat' likely to enter into private contracts under these terms.
- Surgeons and proceduralists were more likely than non-proceduralists to find this new type of private contract of interest.
- Of physicians who said they would be likely to enter into expanded private contracts, four-fifths said this option would increase their willingness to serve Medicare FFS patients.
- Of physicians who said they would be likely to enter into expanded private contracts, 77 percent said that they would seek these contracts with their existing Medicare FFS patients. Only 9 percent of physicians said they would target only new Medicare FFS patients for private contracts.

The final set of questions on the survey dealt with the Medicare option for physicians to enter into private contracts with their Medicare patients. Under provisions of the Balanced Budget Act of 1997, physicians are now permitted to enter into such private contracts with their Medicare patients, but must 'opt out' of the Medicare program completely for two years and may not submit bills to Medicare for any of their patients. Medicare balance billing limits are no longer applied, and the patient who has entered into one of these contracts is required to pay the full charge directly to the physician without having a claim submitted to Medicare on his behalf. Perhaps not surprisingly given these stringent restrictions, the physician response to the current private contracting option has been extremely limited.

At the time the survey instrument was being developed there was interest among some Congressional legislators in modifying the BBA statute to permit private

contracting on a case-by-case basis. Under this relaxed form of private contracting, physicians would be permitted to enter into private contracts with some of their patients (or for some services provided to these patients) while continuing to serve other Medicare patients under the existing system. Proponents of this type of expansion argue that it would make physicians more willing to accept Medicare patients, while opponents are concerned about potential access problems for beneficiaries if the practice becomes widespread and about the lack of protections for Medicare patients who may face much larger physician charges under a private arrangement.

The questions included on the MedPAC survey were intended to provide the Commissioners with early exploratory information regarding these issues. We began by describing the current private contracting option and asking how familiar the physician was with this option. As shown in **Table 34**, 39.6 percent of respondents were 'not at all' familiar with the current private contracting option, and another 23.5 percent were 'not very' familiar. Only 13 percent stated that they were very familiar with the option. Surgeons and proceduralists appear to be somewhat more familiar with private contracting than other physicians, and there is some evidence that familiarity with the option is higher among physicians with higher incomes and among physicians who spend a greater amount of their patient care time with Medicare patients. All three of the over-sampled surgical specialties were more likely than other physicians to be familiar with private contracting.

The second private contracting question described the proposals for expanded private contracting, and asked the physician how likely s/he would be to try to establish these types of private contracts. More than one-half of the respondents (53.5 percent) indicated that they would be at least 'somewhat' likely to seek private contracts under the relaxed regulations, and another 14.1 percent said they were unsure about their likelihood of taking this action (**Table 35**). Surgeons were more likely than non-surgeons to be interested in the expanded private contracts, and there is some evidence that these contracts also appeal more to higher-income physicians.

Finally, physicians who said they would be at least 'somewhat likely' to try to establish private contracts on a case-by-case basis were asked two additional questions:

1) whether the availability of these expanded contracts would make the physician more willing to serve Medicare patients, and

2) whether s/he would try to establish private contracts with only new Medicare patients, only existing Medicare patients, or both new and existing Medicare patients.

The first follow-up question is designed to assess the validity of proponents' arguments that expanded private contracting will increase beneficiary access to care by making physicians more willing to serve Medicare patients. The second follow-up question provides some very limited information indicating whether expanded private contracts would be likely to be executed on a fairly limited basis (i.e., with new patients only), or might be executed on a more widespread basis (i.e., with existing patients). Although it

Table 34. Physician Familiarity with the Current Medicare Private Contracting Option, by Type of Physician, 1999

Type of Physician	N	Percent of Respondents Who Said They Were: Very Familiar	Somewhat Familiar	Not Very Familiar	Not At All Familiar
Proceduralists	78	17.5	24.8	19.7	38.0
Surgeons	766	15.2	26.5	23.2	35.0
Non-Proceduralists	447	10.6	22.2	24.7	42.5
		(Chi-squared = 16.30, p = 0.038)			
Ophthalmologists	236	23.3	33.5	21.6	21.6
Orthopedic Surgeons	212	23.6	31.2	15.7	28.7
Cardio-Thoracic Surgeons	137	32.7	26.6	14.8	26.0
		(Chi-squared = 38.58, p = 0.001)			
Urban	1129	13.4	23.0	24.4	39.1
Rural	149	9.6	27.9	18.3	44.2
		(Chi-squared = 6.50 , p = 0.165)			
Income					
$100,000 or Less	192	12.1	19.7	25.9	42.3
$100,001 - $125,000	147	7.4	15.9	36.3	40.4
$125,001 - $200,000	379	9.2	26.9	21.6	42.3
More than $200,000	495	20.2	27.2	20.2	32.5
		(Chi-squared = 55.96 , p = 0.001)			
Medicare Patient Time					
10-20 Percent	389	9.6	20.3	29.2	40.8
21-30 Percent	285	13.6	27.8	17.3	41.4
31-40 Percent	179	17.1	28.9	20.7	33.4
41-50 Percent	148	23.5	28.4	18.5	29.7
More than 50 Percent	187	17.5	25.3	27.1	30.2
		(Chi-squared = 59.53 , p = 0.001)			
ALL PHYSICIANS	1291	13.0	23.9	23.5	39.6

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis of responses to Question 26.

Table 35. Likelihood of Entering into Medicare Private Contracts if Offered on a Case-by-Case Basis, by Type of Physician, 1999

Type of Physician	N	Percent of Respondents Who Said They Would Be: Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Unsure About Likelihood
Proceduralists	78	26.7	29.1	18.9	7.6	17.8
Surgeons	767	26.6	32.8	16.1	14.0	10.4
Non-Proceduralists	448	19.5	30.2	15.7	19.5	15.2
		(Chi-squared = 30.20, p = 0.001)				
Ophthalmologists	236	25.4	34.3	19.5	10.2	10.6
Orthopedic Surgeons	212	30.9	31.9	17.4	13.3	6.6
Cardio-Thoracic Surgeons	137	46.9	25.4	9.4	12.4	5.9
		(Chi-squared = 12.83, p = 0.382)				
Urban	1131	23.5	30.8	16.2	15.2	14.2
Rural	149	17.4	30.3	15.8	21.4	15.1
		(Chi-squared = 5.96, p = 0.202)				
Income						
$100,000 or Less	193	16.7	33.5	16.6	17.7	15.5
$100,001 - $125,000	147	24.0	26.4	17.0	22.5	10.1
$125,001 - $200,000	379	22.1	31.3	17.2	13.6	15.8
More than $200,000	496	25.8	33.7	15.4	14.4	10.7
		(Chi-squared = 21.60, p = 0.042)				
Medicare Patient Time						
10-20 Percent	390	20.0	33.2	13.2	19.7	13.9
21-30 Percent	285	25.7	32.9	16.4	12.3	12.7
31-40 Percent	179	21.6	32.2	23.0	12.2	11.1
41-50 Percent	149	20.7	28.8	23.8	12.7	14.0
More than 50 Percent	187	27.2	26.4	15.0	15.1	16.2
		(Chi-squared = 43.27, p = 0.002)				
ALL PHYSICIANS	1293	22.7	30.8	16.3	16.0	14.1

Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties. Analysis of responses to Question 27.

Table 36. Physician Assessment of Impact of an Expanded Medicare Private Contracting Option, by Type of Physician, 1999

Type of Physician	N	Percent of Respondents Who Said:				
		It Would Increase Willingness to Serve Medicare Patients	They Would Try to Establish Private Contracts with:			
			New Medicare Patients Only	Existing Medicare Patients Only	New and Existing Medicare Patients	Unsure
Proceduralists	43	78.7	2.4	0.0	80.7	16.9
Surgeons	475	85.3 *	17.5	0.1	70.3	12.1
Non-Proceduralists	222	75.3 *	5.9	5.5	74.9	13.7
				(Chi-squared = 47.19 , p = 0.001)		
Ophthalmologists	141	83.6	10.0	0.0	74.3	15.7
Orthopedic Surgeons	140	86.5	10.3	0.6	79.4	9.6
Cardio-Thoracic Surgeons	90	80.2	16.5	0.0	74.5	9.1
				(Chi-squared = 3.60, p = 0.936)		
Urban	653	78.8	9.4	3.2	74.8	12.6
Rural	78	81.9	6.8	0.0	71.9	21.3
				(Chi-squared = 7.20 , p = 0.066)		
Income						
$100,000 or Less	99	79.9	5.4	3.0	76.7	15.0
$100,001 - $125,000	71	73.9	3.6	6.8	83.8	5.7
$125,001 - $200,000	219	75.4	9.7	2.1	72.6	15.6
More than $200,000	314	83.4 *	11.4	2.2	72.8	13.6
				(Chi-squared = 18.49 , p = 0.030)		
Medicare Patient Time						
10-20 Percent	216	79.0	7.1	3.3	72.4	17.2
21-30 Percent	172	81.3	11.5	2.8	75.9	9.9
31-40 Percent	102	76.6	6.4	3.7	75.6	14.3
41-50 Percent	94	81.3	12.4	2.6	63.5	21.5
More than 50 Percent	108	70.5	11.1	2.4	75.9	10.7
				(Chi-squared = 15.69 , p = 0.403)		
New Medicare Patients						
Currently Accepting	654	79.8	10.3	0.6	75.5	13.7
Currently Not Accepting	47	73.5	2.7	20.8	67.2	9.3
				(Chi-squared = 95.32 , p = 0.001)		
ALL PHYSICIANS	740	79.2	9.2	2.8	74.3	13.7

* Percentage differs from percentage for all other physicians at 0.05 significance level or better.
Missing values excluded from all calculations. Percents weighted to account for oversampling of selected specialties.
Analysis limited to physicians who said they'd be 'very' or 'somewhat' likely to enter into expanded private contracts.
Analysis of responses to Questions 28 and 29.

would have been desirable to determine the proportion of a physician's patients with whom the physician would try to enter into private contracts, we felt that this situation was too hypothetical for physicians to be able to provide reliable estimates.

Four-fifths (79.2 percent) of all physicians who had said they would be likely to seek private contracts indicated that they felt having the ability to contract privately on a case-by-case basis would increase their willingness to serve Medicare patients (**Table 36**). Surgeons and physicians with incomes above $200,000 were significantly more likely than other physicians to give this response. Interestingly, there was no significant variation according to the proportion of total patient care time the physician spends with Medicare patients, nor according to whether the physician was currently accepting new Medicare patients or not.

The overwhelming majority of physicians (77.1 percent) said that they would try to establish private contracts with their existing Medicare patients, indicating the potential for selective private contracting to affect existing patient/provider relationships. Only 9.2 percent of physicians indicated that they would not attempt to establish private contracts with their existing Medicare patients, but would seek them only with new Medicare patients. Surgeons appear to be more likely than other physicians to restrict private contracting to new patients, perhaps because of the referral nature of most surgical practices.

APPENDIX A

Copies of the Mail Survey Instruments

FORM A

New Questions About 'Concerns' with Practice

1998 SURVEY OF PHYSICIANS

FORM A

All information that would permit identification of individuals will be kept confidential.

Sponsored by: Project HOPE AND
Study Collaborators: The Gallup Organization
Government and Education Division
Toll –Free Number: 1-800-288-8593

Mailing Address: The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, Nebraska 68521

INSTRUCTIONS

General Instructions. Many of our questions ask about your physician practices during 1997 and 1998. If, as a physician, you have multiple practices, we are asking about the location where you see most patients.

This questionnaire was designed to be completed by practicing physicians in the United States who are otherwise eligible for the study.

You ARE ELIGIBLE for this study if you:

- are a practicing physician involved in activities related to patient care for at least 20 hours a week; **AND**
- spend at least 10% of your patient care time with Medicare patients.

You are NOT ELIGIBLE for this study if you:

- are a physician in training
- are an inactive physician
- do not practice in the United States
- are a physician with one of the following primary specialties:

Administrative Medicine (AMD)
Aerospace Medicine (AM)
Adolescent Medicine (ADL)
Adolescent Medicine (Internal Medecine) (AMI)
Anesthesiology (AN)
Critical Care Medicine (Anesthesiology) (CCA)
Anatomic pathology (ATP)
Bloodbanking/Transfusion Medicine (BBK)
Clinical Biochemical Genetics (CBG)
Clinical Cytogenetics (CCG)
Critical Care Pediatrics (CCP)
Clinical Genetics (CG)
Child Neurology (CHN)
Child & Adolescent Psychiatry (CHP)
Clinical Pathology (CLP)
Clinical Molecular Genetics (CMG)
Dermatopathology (DMP)
Diagnostic Radiology (DR)
Medical Toxicology
(Emergency Medicine) (ETX)
Forensic Pathology (FP)
Hematology Pathology (HMP)
Legal Medicine (LM)
Medical Management (MDM)
Medical Genetics (MG)
Medical Microbiology (MM)
Internal Medicine/Pediatrics (MPD)
Public Health & General Preventive Medicine (MPH)
Nephrology (NEP)
Nuclear Medicine (NM)
Neuropathology (NP)
Neonatal/Perinatal Medicine
(Neonatology/Perinatology) (NPM)
Nuclear Radiology (NR)
Pediatric Neurosurgery (NSP)
Pediatric Orthopedics (OP)
Clinical Pharmacology (PA)
Chemical Pathology (PCH)
Cytopathology (PCP)

➤ **(If you are NOT ELIGIBLE for this study, please return this questionnaire, with the rest of the questions left BLANK, to the mailing address above.)**

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INSTRUCTIONS (continued)

Pediatrics (PD)
Pediatric Allergy (PDA)
Pediatric Cardiology (PDC)
Pediatric Endocrinology (PDE)
Pediatric Infectious Diseases (PDI)
Pediatric Otolaryngology (PDO)
Pediatric Pulmonology (PDP)
Pediatric Radiology (PDR)
Pediatric Surgery (PDS)
Medical Toxicology (Pediatrics) (PDT)
Pediatric Emergency Medicine (PE)
Pediatric Gastroenterology (PG)
Pediatric Hematology/Oncology (PHO)
Immunopathology (PIP)
Clinical & Laboratory Immunology (PLI)
Palliative Medicine (PLM)
Pediatric Nephrology (PN)
Pediatric Ophthalmology (PO)
Pediatric Pathology (PP)
Pediatric Rheumatology (PPR)
Sports Medicine (Pediatrics) (PSM)
Anatomic/Clinical Pathology (PTH)
Medical Toxicology (Preventive Medicine) (PTX)
Radiology (R)
Radioisotopic Pathology (RIP)
Neuroradiology (RNR)
Radiological Physics (RP)
Selective Pathology (SP)
Undersea Medicine (UM)
Pediatric Urology (UP)
Unspecified (US)
Vascular & Interventional Radiology (VIR)
Developmental Medicine/Pediatrics (DMP)

Please read each question carefully and follow all instructions. Some of the questions may not appear to fit your situation precisely; if you have a response other than those listed for a particular question, write in that response.

Telephone questionnaire. You have the option of completing either this paper questionnaire, or a telephone interview with a Gallup Executive Interviewer.

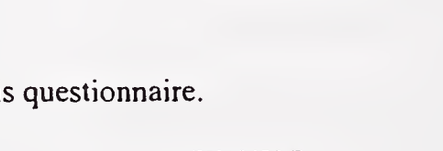
Returning the questionnaire. Mailing instructions for returning the completed questionnaire appear on the back page.

Questions. If you have any questions about the study or would like to schedule a time for a telephone interview, please contact Donna Stetler of The Gallup Organization toll-free at 1-800-288-8593.

SURVEY MARKING INSTRUCTIONS

Please follow the steps below carefully when completing this questionnaire.
It will make it easier to interpret your results.

- Use a blue or black ink pen only.
- Do not use ink that soaks through the paper.
- Make solid marks that fit in the response boxes.
- To answer the survey questions, please mark the appropriate answer in each box.



SCREENING SECTION

1 Please put an "x" in the box ☒ that best describes the primary specialty that you practice? ***(Mark only one.)***

- ☐ Allergy (A)
- ☐ Addiction Medicine (ADM)
- ☐ Addiction Psychiatry (ADP)
- ☐ Allergy & Immunology (AI)
- ☐ Allergy & Immunology/ Diagnostic Laboratory Immunology (ALI)
- ☐ Pain Management (APM)
- ☐ Abdominal Surgery (AS) *(List continued on next page)*

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- ☐ Critical Care Medicine (CCM)
- ☐ Critical Care Surgery (CCS)
- ☐ Cardiovascular Diseases (Cardiology) (CD)
- ☐ Clinical Neurophysiology (CN)
- ☐ Colon & Rectal Surgery (CRS)
- ☐ Cardiothoracic Surgery (Thoracic Surgery) (CTS)
- ☐ Dermatology (D)
- ☐ Dermatologic Surgery (DS)
- ☐ Clinical & Laboratory Dermatological Immunology (DDL)
- ☐ Diabetes (DIA)
- ☐ Emergency Medicine (EM)
- ☐ Endocrinology & Metabolism (END)
- ☐ Sports Medicine (Emergency Medicine) (ESM)
- ☐ Sports Medicine (Family Practice) (FSM)
- ☐ Sports Medicine (Internal Medicine) (ISM)
- ☐ Family Practice (FP)
- ☐ Geriatric Medicine (Family Practice) (FPG)
- ☐ Facial Plastic Surgery (FPS)
- ☐ Gastroenterology (GE)
- ☐ Gynecological Oncology (GO)
- ☐ General Practice (GP)
- ☐ General Preventive Medicine (GPM)
- ☐ General Surgery (GS)
- ☐ Gynecology (GYN)
- ☐ Hematology (HEM)
- ☐ Hepatology (HEP)
- ☐ Head & Neck Surgery (HNS)
- ☐ Hematology/Oncology ((HO)
- ☐ Hand Surgery (Orthopedic) (HSO)
- ☐ Hand Surgery (Plastic) (HSP)
- ☐ Hand Surgery (Surgery) (HSS)
- ☐ Cardiac Electrophysiology (lCE)
- ☐ Infectious Diseases (ID)
- ☐ Immunology (lG)
- ☐ Clinical & Laboratory lmmunology (ILl)
- ☐ Internal Medicine (IM)
- ☐ Geriatric Medicine (Internal Medicine) (lMG)
- ☐ Maternal & Fetal Medicine (MFM)
- ☐ Neurology (N)
- ☐ Critical Care Medicine (Neurosurgery) (NCC)
- ☐ Neurological Surgery (NS)
- ☐ Nutrition (NTR)
- ☐ Adult Reconstructive Orthopedics (OAR)
- ☐ Obstetrics & Gynecology (OBG)
- ☐ Obstetrics (OBS)
- ☐ OB Critical Care Medicine (OCC)
- ☐ Foot & Ankle Orthopedics (OFA)
- ☐ Occupational Medicine (OM)
- ☐ Musculoskeletal Oncology (OMO)
- ☐ Medical Oncology (ON)
- ☐ Ophthalmology (OPH)
- ☐ Orthopedic Surgery (ORS)
- ☐ Sports Medicine (Orthopedic Surgery) (OSM)
- ☐ Orthopedic Surgery of the Spine (OSS)
- ☐ Otology (OT)
- ☐ Otolaryngology (OTO)
- ☐ Orthopedic Trauma (OTR)
- ☐ Psychiatry (P)
- ☐ Pulmonary Critical Care Medicine (PCC)
- ☐ Forensic Psychiatry (PFP)
- ☐ Physical Medicine and Rehabilitation (PM)
- ☐ Pain Medicine (PMD)
- ☐ Plastic Surgery (PS)
- ☐ Pulmonary Diseases (PUD)
- ☐ Psychoanalysis (PYA)
- ☐ Geriatric Psychiatry (PYG)
- ☐ Reproductive Endocrinology (REN)
- ☐ Rheumatology (RHU)
- ☐ Radiation Oncology (RO)
- ☐ Spinal Cord Injury (SCI)
- ☐ Sleep-Medicine (SM)
- ☐ Surgical Oncology (SO)
- ☐ Transplant Surgery (TTS)
- ☐ Trauma Surgery (TRS)
- ☐ Urology (U)
- ☐ Vascular Medicine (VM)
- ☐ Vascular Surgery (VS)
- ☐ Other *(Please specify below.)*

➤ **If your specialty was not listed above and you marked other DO NOT complete the remainder of this survey!**

2 Are you a resident or a fellow?

☐ Yes, Resident/fellow **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

☐ No, not resident or fellow

3 Are you a practicing physician involved in activities related to patient care for at least 20 hours a week?

☐ Yes, 20 hours or more

☐ No, less than 20 hours **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

4 Do you spend at least 10% of your patient care time with fee-for-service Medicare patients?

☐ Yes, at least 10%

☐ No, less than 10% **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

➤ **If you ARE ELIGIBLE, please continue with Section A on page 5.**

➤ **If you are NOT ELIGIBLE, please return this questionnaire (with the rest of the questions left BLANK) to:**
The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, NE 68521

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SECTION A: GENERAL ATTITUDES AND CONCERNS

➤ **The next few questions ask about your attitudes towards medicine as well as any concerns you might have.**

5 Overall, how satisfied are you with the practice of medicine? ***(Mark only one.)***

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

6 For your practice as a whole, how concerned are you about:

	Very Concerned ▼	Somewhat Concerned ▼	Not Very Concerned ▼	Not Concerned at All ▼	Not Applicable/ Don't Know ▼
a. the time spent on paperwork and administration related to billing?	☐	☐	☐	☐	☐
b. external review and oversight of your clinical decisions?	☐	☐	☐	☐	☐
c. reimbursement levels?	☐	☐	☐	☐	☐
d. malpractice issues and insurance?	☐	☐	☐	☐	☐
e. the cost of practice?	☐	☐	☐	☐	☐

7 On average, approximately what percentage of your patient care <u>time</u> do you spend with each of the following types of patients? ***(Write in a percent for each category, a – e.)***

a. PPO and other privately insured fee-for-service patients (including commercial and Blue Cross/Blue Shield)? ..... ☐

b. Fee-for-service Medicare patients? ..... ☐

c. Fee-for-service Medicaid patients (excluding HMOs)? ..... ☐

d. HMO and other capitated plan patients (including Medicare, Medicaid, and private insurance)? ..... ☐

e. Uninsured (including self-paying and charity patients)? ..... ☐

SUM = 100%

➤ **Please answer questions 8, 9, and 10 for each category of patients accounting for at least 10% of your patient care time.**

8 How concerned are you about <u>external review and oversight of your clinical decisions</u> for patients insured by …

	Less than 10% of patient care time ▼	Very Concerned ▼	Somewhat Concerned ▼	Not Very Concerned ▼	Not Concerned at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

9 How concerned are you about the time spent on <u>paperwork and administration related to billing</u> for patients insured by…

	Less than 10% of patient care time ▼	Very Concerned ▼	Somewhat Concerned ▼	Not Very Concerned ▼	Not Concerned at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

10 How concerned are you about the <u>level of reimbursement</u> for patients insured by…

	Less than 10% of patient care time ▼	Very Concerned ▼	Somewhat Concerned ▼	Not Very Concerned ▼	Not Concerned at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

11 Thinking on average, when referring your patients to other physicians, how difficult is it for you to find suitable physicians or surgeons to whom you can refer patients insured by…

	Very Difficult ▼	Somewhat Difficult ▼	Not Very Difficult ▼	Not Difficult at All ▼	Not Applicable/ Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐

➤ **Please continue with Section B on page 7.**

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SECTION B: CHANGES IN PRACTICE PATTERNS

➤ **Now we would like to ask you about any changes in your main practice.**

12 How would you describe your employment status at the practice location where you see most of your patients?

- ☐ Full or part owner of the practice
- ☐ Employee of the practice
- ☐ Independent contractor *(Skip to question 17.)*

13 In the past year, has that practice reduced staff costs in an effort to reduce practice costs? **(NOTE: 'Reducing staff costs' includes actions such as reducing the number of office staff or the hours they work, curtailing salary increases, or reducing fringe benefits.)**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

14 In the past year, has that practice delayed or scaled back plans for spending on equipment or facilities in an effort to reduce practice costs?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

15 In the past year, has that practice increased the number of patients seen in an effort to increase revenue?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

16 In the past year, has that practice expanded the range of services offered in an effort to increase revenue? **(NOTE: 'Expanding the range of services' includes adding services such as pharmaceutical dispensing, in-office testing, and eye glasses dispensing.)**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

➤ **We would like to ask you a few questions about your patients enrolled in the plans we mentioned previously.**

17 a. Compared to one year ago, are you now spending less, more or about the same amount of time per patient answering patient and family questions over the telephone for:

	Less ▼	More ▼	About the same ▼	Don't Know/ Not Sure ▼
aa. PPO and other private fee-for-service patients	☐	☐	☐	☐
ab. Fee-for-service Medicare patients	☐	☐	☐	☐
ac. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
ad. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

b. Compared to one year ago, are you now referring a **lower, higher or equal proportion** of patients to other sources of care after hours, such as ERs and urgent care centers, for:

	Lower proportion ▼	Higher proportion ▼	Equal proportion ▼	Don't Know/ Not Sure ▼
ba. PPO and other private fee-for-service patients	☐	☐	☐	☐
bb. Fee-for-service Medicare patients	☐	☐	☐	☐
bc. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
bd. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

c. Compared to one year ago, are you now spending less, more or about the same amount of discretionary time with patients and families during visits for:

	Less	More	About the same	Don't Know/ Not Sure
ca. PPO and other private fee-for-service patients	☐	☐	☐	☐
cb. Fee-for-service Medicare patients	☐	☐	☐	☐
cc. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
cd. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

➤ **If you indicated that your primary specialty is Emergency Medicine or Sports Medicine (Emergency Medicine), *skip to question 22.***

18 Are you currently accepting new patients?

☐ Yes

☐ No ***(Skip to question 20.)***

☐ Don't know ***(Skip to question 20.)***

19 For each of the following types of patients, indicate whether you are accepting all, some, or no new patients of this type at the present time.

	All New	Some New	No New	Don't Know
a. PPO and other privately-insured fee-for-service patients	☐	☐	☐	☐
b. Fee-for-service Medicare patients	☐	☐	☐	☐
c. Fee-for-service Medicaid patients (excluding HMO patients)	☐	☐	☐	☐
d. HMO and other capitated-plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐
e. Uninsured patients (including self-pay and charity patients)	☐	☐	☐	☐

20 Were you accepting new patients in 1997?

☐ Yes

☐ No (***Skip to question 22.***)

☐ Don't know (***Skip to question 22.***)

21 For each of the following types of patients, indicate whether you were accepting all, some, or no new patients of this type in 1997.

	All New	Some New	No New	Don't Know
a. PPO and other privately-insured fee-for-service patients	☐	☐	☐	☐
b. Fee-for-service Medicare patients	☐	☐	☐	☐
c. Fee-for-service Medicaid patients (excluding HMO patients)	☐	☐	☐	☐
d. HMO and other capitated-plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐
e. Uninsured patients (including self-pay and charity patients)	☐	☐	☐	☐

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22 Since 1997, have you made any change at all to the priority given to Medicare patients who are seeking an appointment with you?

- ☐ Yes
- ☐ No (***Skip to question 24a.***)
- ☐ Not applicable (***Skip to question 24a.***)
- ☐ Don't know (***Skip to question 24a.***)

23 Compared to 1997, are your Medicare patients <u>now</u> given a much higher priority, a somewhat higher priority, a somewhat lower priority, or a much lower priority when seeking an appointment?

- ☐ Much higher priority
- ☐ Somewhat higher priority
- ☐ Somewhat lower priority
- ☐ Much lower priority
- ☐ Don't know

24 a. Are you aware of any changes in Medicare fee-for-service payments that have occurred since 1997?

- ☐ Yes (***Skip to question 24b.***)
- ☐ No (***Skip to question 25.***)
- ☐ Don't know (***Skip to question 25.***)

b. Has the net impact of these payment changes been to increase your Medicare revenue, decrease your Medicare revenue or have they <u>not</u> had an impact on your Medicare revenue?

- ☐ Increased my Medicare revenue ***(Continue)***
- ☐ Decreased my Medicare revenue ***(Continue)***
- ☐ Have not had an impact on my Medicare revenue (***Skip to question 25.***)
- ☐ Don't know (***Skip to question 25.***)

c. Would you say that the net impact of these Medicare payment changes has been to increase or decrease your Medicare revenue by 1-5 percent, 6-10 percent, or more than 10 percent.

- ☐ Increase by 1-5 percent
- ☐ Increase by 6-10 percent
- ☐ Increase by more than 10 percent
- ☐ Decrease by 1-5 percent
- ☐ Decrease by 6-10 percent
- ☐ Decrease by more than 10 percent
- ☐ Don't know

25 Approximately what proportion of your Medicare fee-for-service patients are covered by a Medigap policy or other insurance policy that supplements Medicare coverage?

- ☐ None
- ☐ Less than 1/4
- ☐ Between 1/4 and 1/2
- ☐ Between 1/2 and 3/4
- ☐ More than 3/4
- ☐ Don't know

26 Physicians are currently allowed to enter into private contracts with their Medicare patients. Under these contracts, the patient agrees to pay the physician's full charge directly to the doctor, and no bill may be submitted to Medicare. Physicians who enter into such private contracts with any of their patients must "opt out" of the Medicare program completely for a period of two years, and are not allowed to submit bills to Medicare for any patient.

Prior to the receipt of this survey, how familiar were you with Medicare private contracts?

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not very familiar
- ☐ Not familiar at all

27 Recently, there have been several legislative proposals to permit physicians to enter into private contracts with some of their Medicare patients, while remaining in the regular Medicare program for the rest of their Medicare patients. If the Medicare program expanded its policy so that you could enter into private contracts without having to opt out of Medicare completely for two years, how likely would you be to try to establish such private contracts?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely (***Skip to question 30.***)
- ☐ Very unlikely (***Skip to question 30.***)
- ☐ Don't know (***Skip to question 30.***)

28 Again, if Medicare expanded its policy so that you could enter into private contracts without having to opt out of Medicare completely, would you be more willing to provide services to Medicare patients?

- ☐ Yes
- ☐ No
- ☐ Don't know

29 Again, under such an expanded policy, would you be likely to try to establish private contracts with new Medicare patients only, with existing patients only, or with both new and existing patients?

- ☐ New Medicare patients only
- ☐ Existing Medicare patients only
- ☐ Both new and existing Medicare patients
- ☐ Don't know

➤ **Please continue with Section C on page 11.**

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SECTION C: CONCLUSIONS

30 Finally, a few questions to help classify your answers. In what year were you born? [19]

31 Would you describe your main practice as a . . . ? **(Main practice is the practice in which you spend the greatest proportion of your patient care time.)**

- ☐ Solo Practice?
- ☐ Single specialty partnership or group practice?
- ☐ Multispecialty partnership or group practice?
- ☐ University full-time faculty position?
- ☐ Something else? *(Please specify)* ..... [ ]
- ☐ Don't know

32 What is the zip code of your main office location? [ ]

33 Which of the following income categories best describes your total 1998 net income from your practice, after expenses and before taxes?

- ☐ Less than $75,000
- ☐ $75,000 to less than $100,000
- ☐ $100,000 to less than $125,000
- ☐ $125,000 to less than $150,000
- ☐ $150,000 to less than $200,000
- ☐ $200,000 to less than $250,000
- ☐ $250,000 or more

34 Would you be interested in obtaining a copy of the results of this study?

- ☐ Yes
- ☐ No

35 Please complete the information below:

First Name [ ] Last Name [ ]

Preferred Address [ ]

City [ ] State [ ] Zip Code [ ]

Thank you very much for your participation.

Return this questionnaire in the enclosed pre-paid envelope or mail directly to:

The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, Nebraska 68521

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FORM B

Old Questions About 'Problems' with Practice

1998 SURVEY OF PHYSICIANS

FORM B

All information that would permit identification of individuals will be kept confidential.

Sponsored by: Project HOPE AND
Study Collaborators: The Gallup Organization
Government and Education Division
Toll –Free Number: 1-800-288-8593

Mailing Address: The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, Nebraska 68521

INSTRUCTIONS

General Instructions. Many of our questions ask about your physician practices during 1997 and 1998. If, as a physician, you have multiple practices, we are asking about the location where you see most patients.

This questionnaire was designed to be completed by practicing physicians in the United States who are otherwise eligible for the study.

You ARE ELIGIBLE for this study if you:

- are a practicing physician involved in activities related to patient care for at least 20 hours a week; **AND**
- spend at least 10% of your patient care time with Medicare patients.

You are NOT ELIGIBLE for this study if you:

- are a physician in training
- are an inactive physician
- do not practice in the United States
- are a physician with one of the following primary specialties:

Administrative Medicine (AMD)
Aerospace Medicine (AM)
Adolescent Medicine (ADL)
Adolescent Medicine (Internal Medecine) (AMI)
Anesthesiology (AN)
Critical Care Medicine (Anesthesiology) (CCA)
Anatomic pathology (ATP)
Bloodbanking/Transfusion Medicine (BBK)
Clinical Biochemical Genetics (CBG)
Clinical Cytogenetics (CCG)
Critical Care Pediatrics (CCP)
Clinical Genetics (CG)
Child Neurology (CHN)
Child & Adolescent Psychiatry (CHP)
Clinical Pathology (CLP)
Clinical Molecular Genetics (CMG)
Dermatopathology (DMP)
Diagnostic Radiology (DR)
Medical Toxicology
(Emergency Medicine) (ETX)
Forensic Pathology (FP)
Hematology Pathology (HMP)
Legal Medicine (LM)
Medical Management (MDM)
Medical Genetics (MG)
Medical Microbiology (MM)
Internal Medicine/Pediatrics (MPD)
Public Health & General Preventive Medicine (MPH)
Nephrology (NEP)
Nuclear Medicine (NM)
Neuropathology (NP)
Neonatal/Perinatal Medicine
(Neonatology/Perinatology) (NPM)
Nuclear Radiology (NR)
Pediatric Neurosurgery (NSP)
Pediatric Orthopedics (OP)
Clinical Pharmacology (PA)
Chemical Pathology (PCH)
Cytopathology (PCP)

➤ **(If you are NOT ELIGIBLE for this study, please return this questionnaire, with the rest of the questions left BLANK, to the mailing address above.)**

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INSTRUCTIONS (continued)

Pediatrics (PD)
Pediatric Allergy (PDA)
Pediatric Cardiology (PDC)
Pediatric Endocrinology (PDE)
Pediatric Infectious Diseases (PDI)
Pediatric Otolaryngology (PDO)
Pediatric Pulmonology (PDP)
Pediatric Radiology (PDR)
Pediatric Surgery (PDS)
Medical Toxicology (Pediatrics) (PDT)
Pediatric Emergency Medicine (PE)
Pediatric Gastroenterology (PG)
Pediatric Hematology/Oncology (PHO)
Immunopathology (PIP)
Clinical & Laboratory Immunology (PLI)
Palliative Medicine (PLM)
Pediatric Nephrology (PN)
Pediatric Ophthalmology (PO)
Pediatric Pathology (PP)
Pediatric Rheumatology (PPR)
Sports Medicine (Pediatrics) (PSM)
Anatomic/Clinical Pathology (PTH)
Medical Toxicology (Preventive Medicine) (PTX)
Radiology (R)
Radioisotopic Pathology (RIP)
Neuroradiology (RNR)
Radiological Physics (RP)
Selective Pathology (SP)
Undersea Medicine (UM)
Pediatric Urology (UP)
Unspecified (US)
Vascular & Interventional Radiology (VIR)
Developmental Medicine/Pediatrics (DMP)

Please read each question carefully and follow all instructions. Some of the questions may not appear to fit your situation precisely; if you have a response other than those listed for a particular question, write in that response.

Telephone questionnaire. You have the option of completing either this paper questionnaire, or a telephone interview with a Gallup Executive Interviewer.

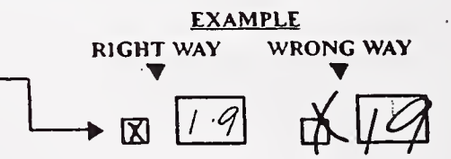
Returning the questionnaire. Mailing instructions for returning the completed questionnaire appear on the back page.

Questions. If you have any questions about the study or would like to schedule a time for a telephone interview, please contact Donna Stetler of The Gallup Organization toll-free at 1-800-288-8593.

SURVEY MARKING INSTRUCTIONS

Please follow the steps below carefully when completing this questionnaire.
It will make it easier to interpret your results.

- Use a blue or black ink pen only.
- Do not use ink that soaks through the paper.
- Make solid marks that fit in the response boxes.
- To answer the survey questions, please mark the appropriate answer in each box.



SCREENING SECTION

1 Please put an "x" in the box ☒ that best describes the primary specialty that you practice? ***(Mark only one.)***

- ☐ Allergy (A)
- ☐ Addiction Medicine (ADM)
- ☐ Addiction Psychiatry (ADP)
- ☐ Allergy & Immunology (AI)
- ☐ Allergy & Immunology/ Diagnostic Laboratory Immunology (ALI)
- ☐ Pain Management (APM)
- ☐ Abdominal Surgery (AS) *(List continued on next page)*

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- ☐ Critical Care Medicine (CCM)
- ☐ Critical Care Surgery (CCS)
- ☐ Cardiovascular Diseases (Cardiology) (CD)
- ☐ Clinical Neurophysiology (CN)
- ☐ Colon & Rectal Surgery (CRS)
- ☐ Cardiothoracic Surgery (Thoracic Surgery) (CTS)
- ☐ Dermatology (D)
- ☐ Dermatologic Surgery (DS)
- ☐ Clinical & Laboratory Dermatological Immunology (DDL)
- ☐ Diabetes (DIA)
- ☐ Emergency Medicine (EM)
- ☐ Endocrinology & Metabolism (END)
- ☐ Sports Medicine (Emergency Medicine) (ESM)
- ☐ Sports Medicine (Family Practice) (FSM)
- ☐ Sports Medicine (Internal Medicine) (ISM)
- ☐ Family Practice (FP)
- ☐ Geriatric Medicine (Family Practice) (FPG)
- ☐ Facial Plastic Surgery (FPS)
- ☐ Gastroenterology (GE)
- ☐ Gynecological Oncology (GO)
- ☐ General Practice (GP)
- ☐ General Preventive Medicine (GPM)
- ☐ General Surgery (GS)
- ☐ Gynecology (GYN)
- ☐ Hematology (HEM)
- ☐ Hepatology (HEP)
- ☐ Head & Neck Surgery (HNS)
- ☐ Hematology/Oncology ((HO)
- ☐ Hand Surgery (Orthopedic) (HSO)
- ☐ Hand Surgery (Plastic) (HSP)
- ☐ Hand Surgery (Surgery) (HSS)
- ☐ Cardiac Electrophysiology (ICE)
- ☐ Infectious Diseases (ID)
- ☐ Immunology (IG)
- ☐ Clinical & Laboratory Immunology (ILI)
- ☐ Internal Medicine (IM)
- ☐ Geriatric Medicine (Internal Medicine) (IMG)
- ☐ Maternal & Fetal Medicine (MFM)
- ☐ Neurology (N)
- ☐ Critical Care Medicine (Neurosurgery) (NCC)
- ☐ Neurological Surgery (NS)
- ☐ Nutrition (NTR)
- ☐ Adult Reconstructive Orthopedics (OAR)
- ☐ Obstetrics & Gynecology (OBG)
- ☐ Obstetrics (OBS)
- ☐ OB Critical Care Medicine (OCC)
- ☐ Foot & Ankle Orthopedics (OFA)
- ☐ Occupational Medicine (OM)
- ☐ Musculoskeletal Oncology (OMO)
- ☐ Medical Oncology (ON)
- ☐ Ophthalmology (OPH)
- ☐ Orthopedic Surgery (ORS)
- ☐ Sports Medicine (Orthopedic Surgery) (OSM)
- ☐ Orthopedic Surgery of the Spine (OSS)
- ☐ Otology (OT)
- ☐ Otolaryngology (OTO)
- ☐ Orthopedic Trauma (OTR)
- ☐ Psychiatry (P)
- ☐ Pulmonary Critical Care Medicine (PCC)
- ☐ Forensic Psychiatry (PFP)
- ☐ Physical Medicine and Rehabilitation (PM)
- ☐ Pain Medicine (PMD)
- ☐ Plastic Surgery (PS)
- ☐ Pulmonary Diseases (PUD)
- ☐ Psychoanalysis (PYA)
- ☐ Geriatric Psychiatry (PYG)
- ☐ Reproductive Endocrinology (REN)
- ☐ Rheumatology (RHU)
- ☐ Radiation Oncology (RO)
- ☐ Spinal Cord Injury (SCI)
- ☐ Sleep-Medicine (SM)
- ☐ Surgical Oncology (SO)
- ☐ Transplant Surgery (TTS)
- ☐ Trauma Surgery (TRS)
- ☐ Urology (U)
- ☐ Vascular Medicine (VM)
- ☐ Vascular Surgery (VS)
- ☐ Other *(Please specify below.)*

➤ **If your specialty was not listed above and you marked other DO NOT complete the remainder of this survey!**

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2 Are you a resident or a fellow?

☐ Yes, Resident/fellow **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

☐ No, not resident or fellow

3 Are you a practicing physician involved in activities related to patient care for at least 20 hours a week?

☐ Yes, 20 hours or more

☐ No, less than 20 hours **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

4 Do you spend at least 10% of your patient care time with fee-for-service Medicare patients?

☐ Yes, at least 10%

☐ No, less than 10% **(Thank you, but you are NOT ELIGIBLE to participate in this survey!)**

➤ **If you ARE ELIGIBLE, please continue with Section A on page 5.**

➤ **If you are NOT ELIGIBLE, please return this questionnaire (with the rest of the questions left BLANK) to:**
The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, NE 68521

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SECTION V: GENERAL ATTITUDES AND OPINIONS

➤ **The next few questions ask about your attitudes towards medicine as well as any concerns you might have.**

5 Overall, how satisfied are you with the practice of medicine? ***(Mark only one.)***

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

6 For your practice as a whole, how serious a problem for you (is/are):

	Very Serious ▼	Somewhat Serious ▼	Not Very Serious ▼	Not Serious at All ▼	Not Applicable/ Don't Know ▼
a. paperwork and administrative hassle in billing?	☐	☐	☐	☐	☐
b. external reviews and limitations on your clinical decisions?	☐	☐	☐	☐	☐
c. reimbursement levels?	☐	☐	☐	☐	☐
d. malpractice issues and insurance?	☐	☐	☐	☐	☐
e. the high cost of practice?	☐	☐	☐	☐	☐

7 On average, approximately what percentage of your patient care time do you spend with each of the following types of patients? ***(Write in a percent for each category, a – e.)***

a. PPO and other privately insured fee-for-service patients (including commercial and Blue Cross/Blue Shield)?	___ ___ ___ %
b. Fee-for-service Medicare patients?	___ ___ ___ %
c. Fee-for-service Medicaid patients (excluding HMOs)?	___ ___ ___ %
d. HMO and other capitated plan patients (including Medicare, Medicaid, and private insurance)?	___ ___ ___ %
e. Uninsured (including self-paying and charity patients)?	___ ___ ___ %
	SUM = 100%

➤ **Please answer questions 8, 9, and 10 for each category of patients accounting for at least 10% of your patient care time.**

8 How serious a problem for you are external review and limitations on clinical decision making for patients insured by …

	Less than 10% of patient care time ▼	Very Serious ▼	Somewhat Serious ▼	Not Very Serious ▼	Not Serious at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

9 How serious a problem for you is paperwork and administrative hassles in billing for patients insured by...

	Less than 10% of patient care time ▼	Very Serious ▼	Somewhat Serious ▼	Not Very Serious ▼	Not Serious at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

10 How serious a problem for you is the level of reimbursement for patients insured by...

	Less than 10% of patient care time ▼	Very Serious ▼	Somewhat Serious ▼	Not Very Serious ▼	Not Serious at All ▼	Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐	☐

11 Thinking on average, when referring your patients to other physicians, how difficult is it for you to find suitable physicians or surgeons to whom you can refer patients insured by...

	Very Difficult ▼	Somewhat Difficult ▼	Not Very Difficult ▼	Not Difficult at All ▼	Not Applicable/ Don't Know ▼
a. PPOs and other private fee-for-service plans?	☐	☐	☐	☐	☐
b. Fee-for-service Medicare?	☐	☐	☐	☐	☐
c. Fee-for-service Medicaid (excluding HMOs)?	☐	☐	☐	☐	☐
d. HMOs and other capitated plans (Medicare, Medicaid, and private)?	☐	☐	☐	☐	☐

➤ **Please continue with Section B on page 7.**

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SECTION B: CHANGES IN PRACTICE PATTERNS

➤ **Now we would like to ask you about any changes in your main practice.**

12 How would you describe your employment status at the practice location where you see most of your patients?

- ☐ Full or part owner of the practice
- ☐ Employee of the practice
- ☐ Independent contractor *(Skip to question 17.)*

13 In the past year, has that practice reduced staff costs in an effort to reduce practice costs? **(NOTE: 'Reducing staff costs' includes actions such as reducing the number of office staff or the hours they work, curtailing salary increases, or reducing fringe benefits.)**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

14 In the past year, has that practice delayed or scaled back plans for spending on equipment or facilities in an effort to reduce practice costs?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

15 In the past year, has that practice increased the number of patients seen in an effort to increase revenue?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

16 In the past year, has that practice expanded the range of services offered in an effort to increase revenue? **(NOTE: 'Expanding the range of services' includes adding services such as pharmaceutical dispensing, in-office testing, and eye glasses dispensing.)**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

➤ **We would like to ask you a few questions about your patients enrolled in the plans we mentioned previously.**

17 a. Compared to one year ago, are you now spending less, more or about the same amount of time per patient answering patient and family questions over the telephone for:

	Less ▼	More ▼	About the same ▼	Don't Know/ Not Sure ▼
aa. PPO and other private fee-for-service patients	☐	☐	☐	☐
ab. Fee-for-service Medicare patients	☐	☐	☐	☐
ac. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
ad. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

b. Compared to one year ago, are you now referring a **lower, higher or equal proportion** of patients to other sources of care after hours, such as ERs and urgent care centers, for:

	Lower proportion ▼	Higher proportion ▼	Equal proportion ▼	Don't Know/ Not Sure ▼
ba. PPO and other private fee-for-service patients	☐	☐	☐	☐
bb. Fee-for-service Medicare patients	☐	☐	☐	☐
bc. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
bd. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

c. Compared to one year ago, are you now spending **less, more or about the same** amount of discretionary time with patients and families during visits for:

	Less	More	About the same	Don't Know/ Not Sure
ca. PPO and other private fee-for-service patients	☐	☐	☐	☐
cb. Fee-for-service Medicare patients	☐	☐	☐	☐
cc. Fee-for-service Medicaid patients (excluding HMOs)	☐	☐	☐	☐
cd. HMO and other capitated plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐

➤ **If you indicated that your primary specialty is Emergency Medicine or Sports Medicine (Emergency Medicine), *skip to question 22.***

18 Are you <u>currently</u> accepting new patients?

☐ Yes

☐ No ***(Skip to question 20.)***

☐ Don't know ***(Skip to question 20.)***

19 For each of the following types of patients, indicate whether you are accepting all, some, or no new patients of this type <u>at the present time</u>.

	All New	Some New	No New	Don't Know
a. PPO and other privately-insured fee-for-service patients	☐	☐	☐	☐
b. Fee-for-service Medicare patients	☐	☐	☐	☐
c. Fee-for-service Medicaid patients (excluding HMO patients)	☐	☐	☐	☐
d. HMO and other capitated-plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐
e. Uninsured patients (including self-pay and charity patients)	☐	☐	☐	☐

20 Were you accepting new patients in 1997?

☐ Yes

☐ No (***Skip to question 22.***)

☐ Don't know (***Skip to question 22.***)

21 For each of the following types of patients, indicate whether you were accepting all, some, or no new patients of this type in 1997.

	All New	Some New	No New	Don't Know
a. PPO and other privately-insured fee-for-service patients	☐	☐	☐	☐
b. Fee-for-service Medicare patients	☐	☐	☐	☐
c. Fee-for-service Medicaid patients (excluding HMO patients)	☐	☐	☐	☐
d. HMO and other capitated-plan patients (Medicare, Medicaid, and private)	☐	☐	☐	☐
e. Uninsured patients (including self-pay and charity patients)	☐	☐	☐	☐

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22 Since 1997, have you made any change at all to the priority given to Medicare patients who are seeking an appointment with you?

- ☐ Yes
- ☐ No (***Skip to question 24a.***)
- ☐ Not applicable (***Skip to question 24a.***)
- ☐ Don't know (***Skip to question 24a.***)

23 Compared to 1997, are your Medicare patients <u>now</u> given a much higher priority, a somewhat higher priority, a somewhat lower priority, or a much lower priority when seeking an appointment?

- ☐ Much higher priority
- ☐ Somewhat higher priority
- ☐ Somewhat lower priority
- ☐ Much lower priority
- ☐ Don't know

24 a. Are you aware of any changes in Medicare fee-for-service payments that have occurred since 1997?

- ☐ Yes (***Skip to question 24b.***)
- ☐ No (***Skip to question 25.***)
- ☐ Don't know (***Skip to question 25.***)

b. Has the net impact of these payment changes been to increase your Medicare revenue, decrease your Medicare revenue or have they <u>not</u> had an impact on your Medicare revenue?

- ☐ Increased my Medicare revenue ***(Continue)***
- ☐ Decreased my Medicare revenue ***(Continue)***
- ☐ Have not had an impact on my Medicare revenue (***Skip to question 25.***)
- ☐ Don't know (***Skip to question 25.***)

c. Would you say that the net impact of these Medicare payment changes has been to increase or decrease your Medicare revenue by 1-5 percent, 6-10 percent, or more than 10 percent.

- ☐ Increase by 1-5 percent
- ☐ Increase by 6-10 percent
- ☐ Increase by more than 10 percent
- ☐ Decrease by 1-5 percent
- ☐ Decrease by 6-10 percent
- ☐ Decrease by more than 10 percent
- ☐ Don't know

25 Approximately what proportion of your Medicare fee-for-service patients are covered by a Medigap policy or other insurance policy that supplements Medicare coverage?

- ☐ None
- ☐ Less than 1/4
- ☐ Between 1/4 and 1/2
- ☐ Between 1/2 and 3/4
- ☐ More than 3/4
- ☐ Don't know

26 Physicians are currently allowed to enter into private contracts with their Medicare patients. Under these contracts, the patient agrees to pay the physician's full charge directly to the doctor, and no bill may be submitted to Medicare. Physicians who enter into such private contracts with any of their patients must "opt out" of the Medicare program completely for a period of two years, and are not allowed to submit bills to Medicare for any patient.

Prior to the receipt of this survey, how familiar were you with Medicare private contracts?

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not very familiar
- ☐ Not familiar at all

27 Recently, there have been several legislative proposals to permit physicians to enter into private contracts with some of their Medicare patients, while remaining in the regular Medicare program for the rest of their Medicare patients. If the Medicare program expanded its policy so that you could enter into private contracts without having to opt out of Medicare completely for two years, how likely would you be to try to establish such private contracts?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely (***Skip to question 30.***)
- ☐ Very unlikely (***Skip to question 30.***)
- ☐ Don't know (***Skip to question 30.***)

28 Again, if Medicare expanded its policy so that you could enter into private contracts without having to opt out of Medicare completely, would you be more willing to provide services to Medicare patients?

- ☐ Yes
- ☐ No
- ☐ Don't know

29 Again, under such an expanded policy, would you be likely to try to establish private contracts with new Medicare patients only, with existing patients only, or with both new and existing patients?

- ☐ New Medicare patients only
- ☐ Existing Medicare patients only
- ☐ Both new and existing Medicare patients
- ☐ Don't know

➤ **Please continue with Section C on page 11.**

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SECTION C: CONCLUSIONS

30 Finally, a few questions to help classify your answers. In what year were you born? [19]

31 Would you describe your main practice as a . . . ? **(Main practice is the practice in which you spend the greatest proportion of your patient care time.)**

- ☐ Solo Practice?
- ☐ Single specialty partnership or group practice?
- ☐ Multispecialty partnership or group practice?
- ☐ University full-time faculty position?
- ☐ Something else? ***(Please specify)*** ..... [ ]
- ☐ Don't know

32 What is the zip code of your main office location? [ ]

33 Which of the following income categories best describes your total 1998 net income from your practice, after expenses and before taxes?

- ☐ Less than $75,000
- ☐ $75,000 to less than $100,000
- ☐ $100,000 to less than $125,000
- ☐ $125,000 to less than $150,000
- ☐ $150,000 to less than $200,000
- ☐ $200,000 to less than $250,000
- ☐ $250,000 or more

34 Would you be interested in obtaining a copy of the results of this study?

- ☐ Yes
- ☐ No

35 Please complete the information below:

[ ]
First Name Last Name

[ ]
Preferred Address

[ ] [ ] [ ]
City State Zip Code

Thank you very much for your participation.

Return this questionnaire in the enclosed pre-paid envelope or mail directly to:

The Gallup Organization
ATTN: Kevin Clark
2740 Westgate Blvd.
Lincoln, Nebraska 68521

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